Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 1 of 61

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| WESTERN DISTRICT OF OKLAHOMA                    |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this is amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: Identify                            | y Yourself  |   |  |   |
|--|---|---|--|---|
|  |   | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):   |
| Your full na                             | ime   |   |  |   |
| your govern                              | ment-issued   | Kara<br>First name  | -  | First name  |
| example, yo                              | ur driver's   | Lynn<br>Middle name   | _  | Middle name   |
| identification                           | to your   | Warrior Last name and Suffix (Sr., Jr., II, III)  | -  | Last name and Suffix (Sr., Jr., II, III)  |
|  |   |   |  |   |
|  |   | Kara Warrior  |  |   |
|  |   | FKA Kara Saucedo  |  |   |
| your Social<br>number or<br>Individual T | Security<br>federal<br>axpayer  | xxx-xx-1974   |  |   |
|  | Your full na Write the na your governin picture ident example, yo license or p Bring your p identification meeting with  All other na used in the Include your maiden nam  Only the las your Social number or i Individual T Identification | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Warrior Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Conly the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Kara  Warrior Last name and Suffix (Sr., Jr., II, III)  Xara Warrior FKA Kara Saucedo | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  All other last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Kara  First name  Lynn  Middle name  Warrior  Last name and Suffix (Sr., Jr., II, III)  Kara Warrior  FKA Kara Saucedo  **  **  **  **  **  **  **  **  ** |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 2 of 61

| Del | otor 1 Kara Lynn Warrior  |  | Case number (if known)   |  |  |  |
|-----|---|--|--|--|--|--|
|     |   |  |  |  |  |  |
|     |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
| 4.  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.   | ☐ I have not used any business name or EINs.   |  |  |  |
|     | Include trade names and doing business as names   | Business name(s)   | Business name(s)   |  |  |  |
|     |   | EINs   | EINs   |  |  |  |
| 5.  | Where you live  |  | If Debtor 2 lives at a different address:  |  |  |  |
|     |   | 1828 Cypress Ln El Reno, OK 73036 Number, Street, City, State & ZIP Code  Canadian County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |

Debtor 1 Case number (if known) Kara Lynn Warrior Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Filed: 10/23/19

Doc: 1

Case: 19-14332

Page: 3 of 61

Debtor 1 Case number (if known) Kara Lynn Warrior Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Case: 19-14332

Doc: 1

Filed: 10/23/19

Page: 4 of 61

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 5 of 61

Debtor 1 Kara Lynn Warrior Case number (if known)

Part 5: Explain Your Efforts to Re

Explain Your Efforts to Receive a Briefing About Credit Counseling

## Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Doc: 1 Filed: 10/23/19 Page: 6 of 61 Case: 19-14332 Debtor 1 Case number (if known) Kara Lynn Warrior Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kara Lynn Warrior Signature of Debtor 2 Kara Lynn Warrior Signature of Debtor 1 Executed on October 23, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 7 of 61 Debtor 1 Kara Lynn Warrior Case number (if known) For your attorney, if you are I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter represented by one for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the If you are not represented by an attorney, you do not need schedules filed with the petition is incorrect. to file this page. Date /s/ Warren Alarkon October 23, 2019 MM / DD / YYYY Signature of Attorney for Debtor Warren Alarkon 22469 Printed name Stevenson-Kim Alarkon PLLC Firm name 1415 NW 43rd St Oklahoma City, OK 73118 Number, Street, City, State & ZIP Code info@skafirm.com Contact phone 405 702 7795 Email address

> 22469 OK Bar number & State

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 8 of 61

|        | The second secon |   |            |                                 |
|--------|--|---|------------|---------------------------------|
|        | ill in this information to identify your case:   |   |            |                                 |
| Del    | Pebtor 1 Kara Lynn Warrior First Name Middle Name L  | _ast Name                                     |            |                                 |
|        | ebtor 2  |   |            |                                 |
| `'     | , , , , , , , , , , , , , , , , , , ,  | ast Name                                      |            |                                 |
| Uni    | Inited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAH  | HOMA  |            |                                 |
|        | ase number   |   |            |                                 |
| (if kr | known)   |   | _          | ck if this is an<br>nded filing |
|        |  |   | amo        | nada iiinig                     |
| ∩f     | Official Form 106Sum   |   |            |                                 |
|        | Official Form 106Sum ummary of Your Assets and Liabilities and Cert  | tain Statistical Information                  |            | 40/45                           |
|        | e as complete and accurate as possible. If two married people are filing   |   | r sunnly   | 12/15                           |
| info   | formation. Fill out all of your schedules first; then complete the information.  | ation on this form. If you are filing amend   |            |                                 |
| you    | our original forms, you must fill out a new <i>Summary</i> and check the box   | at the top of this page.                      |            |                                 |
| Par    | art 1: Summarize Your Assets   |   |            |                                 |
|        |  |   |            | assets<br>of what you own       |
|        |  |   | value      | or what you own                 |
| 1.     | <ul> <li>Schedule A/B: Property (Official Form 106A/B)</li> <li>1a. Copy line 55, Total real estate, from Schedule A/B</li> </ul>  |   | \$         | 0.00                            |
|        | 1b. Copy line 62, Total personal property, from Schedule A/B   |   | \$         | 16,279.00                       |
|        |  |   | · -        |                                 |
|        | 1c. Copy line 63, Total of all property on Schedule A/B  |   | \$         | 16,279.00                       |
| Par    | art 2: Summarize Your Liabilities  |   |            |                                 |
|        |  |   | Your       | liabilities                     |
|        |  |   | Amou       | nt you owe                      |
| 2.     | <ul> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official F</li> <li>2a. Copy the total you listed in Column A, Amount of claim, at the bottom</li> </ul>   |   | \$         | 48,041.00                       |
| 3.     | <ul> <li>Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106<br/>3a. Copy the total claims from Part 1 (priority unsecured claims) from lin</li> </ul>  | 6E/F)<br>e 6e of <i>Schedule E/F</i>          | \$         | 0.00                            |
|        | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from  | m line 6j of Schedule E/F                     | \$         | 37,586.66                       |
|        |  | Your total liabilities                        | \$         | 85,627.66                       |
|        |  |   |            |                                 |
| Par    | art 3: Summarize Your Income and Expenses  |   |            |                                 |
| 4.     | . Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  |   | \$         | 2,175.99                        |
| 5.     | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  |   | \$         | 2,106.00                        |
| Dar    | art 4: Answer These Questions for Administrative and Statistical Rec   |   |            |                                 |
|        |  | corus   |            |                                 |
| 6.     | <ul> <li>Are you filing for bankruptcy under Chapters 7, 11, or 13?</li> <li>No. You have nothing to report on this part of the form. Check this begins in the form.</li> </ul>  | box and submit this form to the court with yo | ur other s | chedules.                       |
| 7.     | ■ Yes<br>. What kind of debt do you have?  |   |            |                                 |
|        | ■ Your debts are primarily consumer debts. Consumer debts are thousehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis  |   | a persona  | al, family, or                  |
|        | ☐ Your debts are not primarily consumer debts. You have nothing the court with your other schedules.   |   | box and    | submit this form to             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Kara Lynn Warrior Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,367.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following:   |         |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00 |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 10 of 61

| Debto                               | this information to identify your age  | and this filing:   |   |   |
|-------------------------------------|--|--|---|---|
| Debto                               | this information to identify your case   | and this filing:   |   |   |
| 20010                               | or 1 Kara Lynn Warrior First Name  | Middle None  |   |   |
| Debto                               |  | Middle Name Last Name  |   |   |
|                                     | e, if filing) First Name   | Middle Name Last Name  |   |   |
| United                              | d States Bankruptcy Court for the: WE  | STERN DISTRICT OF OKLAHOMA   |   |   |
| 0                                   |  |  |   | _   |
| Case                                | number   |  |   | ☐ Check if this is an amended filing  |
|                                     |  |  |   | amonada ming  |
| Off:                                | oial Farm 106 \/ /B  |  |   |   |
| _                                   | cial Form 106A/B   |  |   |   |
| Scl                                 | hedule A/B: Proper   | ty   |   | 12/15   |
| think it<br>informa<br>Answe        | fits best. Be as complete and accurate as ation. If more space is needed, attach a sep r every question.   | ns. List an asset only once. If an asset fits in more than o possible. If two married people are filing together, both a parate sheet to this form. On the top of any additional pag   | re equally responsible for su   | pplying correct   |
| Part 1                              | Describe Each Residence, Building, Lan   | d, or Other Real Estate You Own or Have an Interest In   |   |   |
| 1. <b>Do</b> y                      | you own or have any legal or equitable inte  | rest in any residence, building, land, or similar property?  |   |   |
|                                     | No. Go to Part 2.  |  |   |   |
| □ Y                                 | es. Where is the property?   |  |   |   |
|                                     |  |  |   |   |
| Part 2                              | : Describe Your Vehicles   |  |   |   |
| I ait Z                             | Describe rour vernoies   |  |   |   |
| 3. <b>Ca</b> ı<br>□ N<br><b>■</b> Y |  | vehicles, motorcycles  |   |   |
| 3.1                                 | Make: Dodge  | Who has an interest in the property? Check one   |   |   |
|                                     | Model: Journey   |  | Do not deduct secured cla<br>the amount of any secure   |   |
|                                     | Year: 2018   | ■ Debtor 1 only  |   | d claims on Schedule D:   |
|                                     | Approximate mileage: 20500   | ■ Debtor 1 only □ Debtor 2 only  | the amount of any securer<br>Creditors Who Have Clair.  Current value of the  | d claims on Schedule D: ms Secured by Property.  Current value of the   |
|                                     | Approximate mileage: 20500 Other information:  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | the amount of any secured<br>Creditors Who Have Clair   | d claims on Schedule D:<br>ns Secured by Property.  |
| ļ                                   | Other information: VIN# 3C4PDCAB0JT385245  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another   | the amount of any securer<br>Creditors Who Have Claim<br>Current value of the<br>entire property?   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
|                                     | Other information: VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property   | the amount of any securer<br>Creditors Who Have Clair.  Current value of the  | d claims on Schedule D: ms Secured by Property.  Current value of the   |
|                                     | Other information: VIN# 3C4PDCAB0JT385245  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another   | the amount of any securer<br>Creditors Who Have Claim<br>Current value of the<br>entire property?   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
|                                     | Other information: VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property   | the amount of any securer<br>Creditors Who Have Claim<br>Current value of the<br>entire property?   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| 3.2                                 | Other information: VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property   | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair.   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used   | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D:  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only  | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the                  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown   | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | the amount of any securer Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any securer Creditors Who Have Clair.  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only  | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the                  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another                                       | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the                  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black is the co owner/ co debtor of the Dodge Journey. Ms. Black has   | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the entire property? | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black is the co owner/ co debtor of the Dodge Journey. Ms. Black has possession of this vehicle. Debtor  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the entire property? | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black is the co owner/ co debtor of the Dodge Journey. Ms. Black has possession of this vehicle. Debtor Kara Warrior, has never had                                    | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the entire property? | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black is the co owner/ co debtor of the Dodge Journey. Ms. Black has possession of this vehicle. Debtor Kara Warrior, has never had possession of the vehicle, but the | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the entire property? | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? |
| 3.2                                 | Other information:  VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  Make: Dodge Model: Journey Year: 2018 Approximate mileage: unknown Other information:  Kara Warrior's sister, Angel Black is the co owner/ co debtor of the Dodge Journey. Ms. Black has possession of this vehicle. Debtor Kara Warrior, has never had                                    | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property | the amount of any secured Creditors Who Have Clair.  Current value of the entire property?  \$14,375.00  Do not deduct secured clair the amount of any secured Creditors Who Have Clair.  Current value of the entire property? | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$14,375.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| De         | ebtor 1        | Kara Lynn Warrior Case number (if known)  |   |
|------------|----------------|---|---|
|            |                | ft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories : Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |   |
|            | ■ No           |   |   |
|            | ■ No<br>□ Yes  |   |   |
|            | <b>-</b> 103   |   |   |
| 5          |                | dollar value of the portion you own for all of your entries from Part 2, including any entries for ou have attached for Part 2. Write that number here=>  | \$14,375.00   |
| Pa         | art 3: Des     | cribe Your Personal and Household Items   |   |
|            |                | n or have any legal or equitable interest in any of the following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.         | Example  ☐ No  | Id goods and furnishings s: Major appliances, furniture, linens, china, kitchenware  Describe   |   |
|            |                | Location: 1828 Cypress Ln, El Reno OK 73036 used household good and furniture   | \$500.00  |
|            | □ No<br>■ Yes. | including cell phones, cameras, media players, games  Describe  Location: 1828 Cypress Ln, El Reno OK 73036 appliances TV cell phone ps4 and nintendo switch  | \$400.00  |
| 8.         |                | les of value s: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles                         | or baseball card collections;   |
|            |                | Describe  |   |
| 9.         | Example  No    | nt for sports and hobbies s: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments  Describe                               | and kayaks; carpentry tools;  |
| 10         |                |   |   |
| 10.        | ■ No           | es: Pistols, rifles, shotguns, ammunition, and related equipment  |   |
| <b>,</b> . |                | Describe  |   |
| 11.        | □ No           | es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  |   |
|            |                |   |   |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 11 of 61

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 Case number (if known) Kara Lynn Warrior Location: 1828 Cypress Ln, El Reno OK 73036 female apparel and footwear children apparel and footwear \$1,000.00 all used\* 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,900.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking & Savings Weokie Federal Credit Union \*2958 \$0.00 combined 17.1. City National Bank \*7598 Account opened on or around 9/31/19 \$4.00 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No

Filed: 10/23/19

Doc: 1

Page: 12 of 61

Case: 19-14332

|     |                        |                             | Case: 19-                                     | 14332          | Doc: 1                       | Filed: 10/23/19   | Page: 13 of 61                            |   |
|-----|------------------------|-----------------------------|---|----------------|------------------------------|---|---|---|
| De  | ebtor 1                | Kara Lynn                   | Warrior                                       |                |                              |   | Case number (if known)                    |   |
|     | ☐ Yes.                 | Give specific               | information about th<br>Issuer nam            |                |                              |   |   |   |
| 21. | Exam                   |                             | ion accounts<br>in IRA, ERISA, Keo            | gh, 401(k),    | 403(b), thrift sa            | avings accounts, or other p   | pension or profit-sharing pla             | ns  |
|     | ■ No<br>□ Yes.         | List each acc               | ount separately.<br>Type of accou             | unt:           | Institu                      | tion name:  |   |   |
| 22. | Yours                  | share of all un             |   |                |                              | y continue service or use for the service or use for service, gas, water), tele | rom a company<br>communications companies | s, or others  |
|     | ☐ Yes.                 |                             |   |                | Institu                      | tion name or individual:  |   |   |
| 23. | Annuit ■ No            | ties (A contrad             | ct for a periodic payn                        | ment of mon    | ey to you, eith              | er for life or for a number of  | of years)                                 |   |
|     | ☐ Yes.                 |                             | Issuer name and d                             | escription.    |                              |   |   |   |
| 24. |                        |                             | ation IRA, in an acc<br>1), 529A(b), and 529  |                | qualified ABL                | E program, or under a વા  | ualified state tuition progr              | am.   |
|     |                        |                             | Institution name an                           | nd description | on. Separately               | file the records of any inte  | rests.11 U.S.C. § 521(c):                 |   |
|     | ■ No                   | -                           | future interests in information about the     |                | other than an                | ything listed in line 1), ar  | nd rights or powers exerci                | sable for your benefit  |
|     |                        | ·                           | , trademarks, trade                           |                | nd other intel               | llectual property   |   |   |
|     |                        |                             |   |                |                              | ties and licensing agreeme  | ents                                      |   |
|     | ☐ Yes.                 | Give specific               | information about th                          | nem            |                              |   |   |   |
| 27. |                        |                             | es, and other gener<br>permits, exclusive lid |                |                              | ciation holdings, liquor lice   | nses, professional licenses               |   |
|     |                        | ·                           | information about th                          | nem            |                              |   |   |   |
| Mo  | oney or                | property owe                | ed to you?                                    |                |                              |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | <b>Tax re</b><br>□ No  | funds owed t                | o you   |                |                              |   |   |   |
|     | Yes.                   | Give specific               | information about th                          | em, includir   | ng whether you               | u already filed the returns a   | and the tax years                         |   |
|     |                        |                             |   |                | x refund with<br>ned as exem | only the EITC portion pt  | Federal                                   | Unknown   |
| 29. | Exam                   | / support<br>ples: Past due | or lump sum alimon                            | ny, spousal    | support, child :             | support, maintenance, dive  | orce settlement, property se              | ttlement  |
|     | ■ No<br>□ Yes.         | Give specific               | information                                   |                |                              |   |   |   |
|     | Exam <sub>i</sub> ■ No | <i>ples:</i> Unpaid v       | unpaid loans you m                            |                |                              | y benefits, sick pay, vacati  | on pay, workers' compensa                 | ntion, Social Security  |

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1 Case number (if known) Kara Lynn Warrior 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$4.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00

Case: 19-14332

Doc: 1

Filed: 10/23/19

Page: 14 of 61

Official Form 106A/B Schedule A/B: Property page 5

| Debtor 1        | Kara Lynn Warrior   |   |             | Case number (if known)       |             |  |
|-----------------|---|---|-------------|------------------------------|-------------|--|
| Part 8:         | List the Totals of Each Part of this Form                 |   |             |                              |             |  |
| 55. <b>Part</b> | 1: Total real estate, line 2                              |   |             |                              | \$0.00      |  |
| 56. <b>Part</b> | 2: Total vehicles, line 5                                 | _ | \$14,375.00 |                              |             |  |
| 57. <b>Part</b> | 3: Total personal and household items, line 15            | _ | \$1,900.00  |                              |             |  |
| 58. <b>Part</b> | 4: Total financial assets, line 36                        |   | \$4.00      |                              |             |  |
| 59. <b>Part</b> | 5: Total business-related property, line 45               |   | \$0.00      |                              |             |  |
| 60. Part        | 6: Total farm- and fishing-related property, line 52      |   | \$0.00      |                              |             |  |
| 61. <b>Part</b> | 7: Total other property not listed, line 54               | + | \$0.00      |                              |             |  |
| 62. <b>Tota</b> | al personal property. Add lines 56 through 61             | _ | \$16,279.00 | Copy personal property total | \$16,279.00 |  |
| 63. <b>Tota</b> | al of all property on Schedule A/B. Add line 55 + line 62 |   |             |                              | \$16,279.00 |  |

|   | Case: 1  | 9-14332   | Doc: 1                                     | Filed: 10/23/19   | Page: 16   | of 61  |
|---|--|---|--|---|--|--|
| Fill in this inform   | nation to identify your  | case:   |  |   |  |  |
| Debtor 1  | Kara Lynn Warrior  |   |  |   |  |  |
| Debtor 2<br>(Spouse if, filing)   | First Name   | Middle Name  Middle Name                              |  | Last Name  Last Name  |  |  |
|   | nkruptcy Court for the:  | WESTERN DIS   |  |   |  |  |
| Case number<br>(if known)   |  |   |  |   |  | ☐ Check if this is an amended filing   |
| Official Fo<br>Schedule   |  | operty Y  | ou Cl                                      | aim as Exen   | npt  | 4/19   |
| the property you li   | sted on Schedule A/B: Find attach to this page as                            | Property (Official F                                  | orm 106A/I                                 | 3) as your source, list the   | property that you  | supplying correct information. Using claim as exempt. If more space is additional pages, write your name and   |
| specific dollar an<br>any applicable st<br>funds—may be u<br>exemption to a p | nount as exempt. Alter<br>tatutory limit. Some ex<br>inlimited in dollar amo | natively, you ma<br>emptions—such<br>unt. However, if | y claim the<br>as those for<br>you claim a | full fair market value of<br>or health aids, rights to r<br>an exemption of 100% of | the property being<br>eceive certain be<br>fair market value | One way of doing so is to state a<br>ng exempted up to the amount of<br>enefits, and tax-exempt retirement<br>e under a law that limits the<br>your exemption would be limited |
| Part 1: Identif   | fy the Property You Cla  | aim as Exempt   |  |   |  |  |
| 1. Which set of   | exemptions are you c   | laiming? Check  | one only, ev                               | en if your spouse is filing   | with you.  |  |
| You are cla   | aiming state and federal   | nonbankruptcy e                                       | xemptions.                                 | 11 U.S.C. § 522(b)(3)   |  |  |
| ☐ You are cla   |  |   |  |   |  |  |
|   | aiming federal exemptio  | ns. 11 U.S.C. § 5                                     | 522(b)(2)                                  |   |  |  |

| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption                                |
|--|--|---|---|
| Location: 1828 Cypress Ln, El Reno OK 73036 used household good and furniture Line from <i>Schedule A/B</i> : 6.1                                  |  | \$500.00  100% of fair market value, up to any applicable statutory limit   | Okla. Stat. tit. 31, § 1(A)(3)                                    |
| Location: 1828 Cypress Ln, El Reno OK<br>73036<br>appliances<br>TV<br>cell phone<br>ps4 and nintendo switch<br>Line from <i>Schedule A/B</i> : 7.1 | \$400.00   | \$400.00  100% of fair market value, up to any applicable statutory limit   | Okla. Stat. tit. 31, § 1(A)(3)                                    |
| Location: 1828 Cypress Ln, El Reno OK 73036 female apparel and footwear children apparel and footwear all used* Line from Schedule A/B: 11.1       | \$1,000.00   | \$1,000.00  100% of fair market value, up to any applicable statutory limit | Okla. Stat. tit. 31, § 1(A)(7)                                    |
| Checking & Savings combined: Weokie Federal Credit Union *2958 Line from <i>Schedule A/B</i> : 17.1  | \$0.00   | \$100.00  100% of fair market value, up to any applicable statutory limit   | Okla. Stat. tit. 12, § 1171.1;<br>Okla. Stat. tit. 31, § 1(A)(18) |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 17 of 61

| Deptor | 1 Kara Lynn vvarrior  |                                      | Case number (if known)  |   |  |
|--------|---|--------------------------------------|---|---|--|
|        | ief description of the property and line on<br>chedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption                                |  |
|        |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |   |  |
|        | hecking: City National Bank *7598<br>ccount opened on or around 9/31/19   | \$4.00                               | \$4.00  | Okla. Stat. tit. 12, § 1171.1;<br>Okla. Stat. tit. 31, § 1(A)(18) |  |
|        | ne from Schedule A/B: 17.2  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |   |  |
|        | ederal: 2019 Tax refund with only the   | Unknown                              | ■ 100%  | Okla. Stat. tit. 31, § 1(A)(23)                                   |  |
|        | ne from Schedule A/B: 28.1  |                                      | 100% of fair market value, up to any applicable statutory limit   |   |  |
|        | re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every in No  Yes. Did you acquire the property covered  No  Yes | 3 years after that for ca            |   | ,   |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 18 of 61

| Fill     | in this information                     | on to identify you   | r case:  |                                   |  |                   |
|----------|---|----------------------|--|-----------------------------------|--|-------------------|
| Deb      | otor 1 K                                | (ara Lynn Warrio     | or   |                                   |  |                   |
|          |   | irst Name            | Middle Name Last Name  |                                   |  |                   |
|          | otor 2<br>use if, filing) Fi            | irst Name            | Middle Name Last Name  |                                   |  |                   |
| (Spui    | use II, IIIIIIg) FI                     | iist Name            |  |                                   |  |                   |
| Unit     | ted States Bankru                       | ptcy Court for the:  | WESTERN DISTRICT OF OKLAHOMA   |                                   |  |                   |
| Cas      | se number                               |                      |  |                                   |  |                   |
| (if kn   | own)                                    |                      |  |                                   | ☐ Check                                | if this is an     |
|          |   |                      |  |                                   | amen                                   | ded filing        |
| ∩ff      | icial Form 10                           | 06D                  |  |                                   |  |                   |
|          |   | <del></del>          | Who Hove Claims Sagura   | d by Droport                      |  | 40/45             |
| <u> </u> | nedule D:                               | Creditors            | Who Have Claims Secure   | a by Property                     | <u>y</u>                               | 12/15             |
|          |   |                      | f two married people are filing together, both are e<br>out, number the entries, and attach it to this form. ( |                                   |  |                   |
|          | ber (if known).                         | <b>3</b> /           | ,  | . ,                               |  |                   |
|          | any creditors have                      | -                    |  |                                   |  |                   |
|          | ☐ No. Check this                        | box and submit the   | nis form to the court with your other schedules. '   | You have nothing else to          | o report on this form.                 |                   |
|          | Yes. Fill in all of                     | of the information I | pelow.   |                                   |  |                   |
| Par      | t 1: List All Se                        | cured Claims         |  |                                   |  |                   |
|          |   |                      | nore than one secured claim, list the creditor separate  | Column A                          | Column B                               | Column C          |
|          |   |                      | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.         | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
|          | 7.                                      |                      | •  | value of collateral.              | claim                                  | if any            |
| 2.1      | Santander Cor<br>Creditor's Name        | nsumer USA           | Describe the property that secures the claim:  | \$24,455.00                       | Unknown                                | Unknown           |
|          | Orealier o Hame                         |                      | 2018 Dodge Journey unknown miles<br>Kara Warrior's sister, Angel Black is                                      |                                   |  |                   |
|          |   |                      | the co owner/ co debtor of the Dodge   |                                   |  |                   |
|          |   |                      | Journey. Ms. Black has possession of   |                                   |  |                   |
|          |   |                      | this vehicle. Debtor Kara Warrior, has   |                                   |  |                   |
|          |   |                      | never had possession of the vehicle,   |                                   |  |                   |
|          | Attn: Bankrupt                          | •                    | but the agreement  As of the date you file, the claim is: Check all that                                       |                                   |  |                   |
|          | 10-64-38-Fd7                            |                      | apply.   |                                   |  |                   |
|          | Reading, PA 1                           | <del></del>          | Contingent   |                                   |  |                   |
|          | Number, Street, City,                   | State & Zip Code     | Unliquidated   |                                   |  |                   |
| Who      | o owes the debt?                        | Check one.           | ☐ Disputed  Nature of lien. Check all that apply.  |                                   |  |                   |
|          | Debtor 1 only                           |                      | ☐ An agreement you made (such as mortgage or se  | ecured                            |  |                   |
|          | Debtor 2 only                           |                      | car loan)  |                                   |  |                   |
|          | Debtor 1 and Debtor                     | 2 only               | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                                   |  |                   |
|          | At least one of the de                  | btors and another    | ☐ Judgment lien from a lawsuit   |                                   |  |                   |
|          | Check if this claim r<br>community debt | relates to a         | Other (including a right to offset)  |                                   |  |                   |
|          |   | Opened               |  |                                   |  |                   |
|          |   | 07/18 Last           |  |                                   |  |                   |
|          |   | Active               | Last 4 digits of account number 1000   |                                   |  |                   |
| Date     | e debt was incurred                     | I 9/15/19            | Last 4 digits of account number 1000   |                                   |  |                   |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 19 of 61

| Debtor 1 Kara Lynn Warrior   |  |  | Case number (if known) |                 |                        |             |
|--|--|--|------------------------|-----------------|------------------------|-------------|
| First Name   | Middle N   | ame Last Name  |                        | _               |                        |             |
| 2.2 WEOKIE Fed   | deral Credit   | Describe the property that secures the claim:  | \$23,5                 | 586.00          | \$14,375.00            | \$9,211.00  |
| Creditor's Name  Attn: Bankrup Po Box 2609   | •  | 2018 Dodge Journey 20500 miles VIN# 3C4PDCAB0JT385245 Location: 1828 Cypress Ln, El Reno OK 73036 NADA value used  As of the date you file, the claim is: Check all the apply.  ☐ Contingent | at                     |                 |                        |             |
| Number, Street, Cit Who owes the debt?   |  | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.  |                        |                 |                        |             |
| ■ Debtor 1 only ■ Debtor 2 only  | Check one.   | ☐ An agreement you made (such as mortgage car loan)  | or secured             |                 |                        |             |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt   |  | ☐ Statutory lien (such as tax lien, mechanic's lie ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)  | en)                    |                 |                        |             |
| Date debt was incurre  | Opened<br>07/18 Last<br>Active<br>8/22/19                            | Last 4 digits of account number  | 001                    |                 |                        |             |
| Add the dollar value of your entries in Column A on this page. Write that number here:  If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$48,041.00 |  |  |                        |                 |                        |             |
| Part 2: List Other   | s to Be Notified fo  | r a Debt That You Already Listed   |                        |                 |                        |             |
| Use this page only if trying to collect from   | you have others to b<br>you for a debt you o<br>any of the debts tha | ne notified about your bankruptcy for a debt that<br>we to someone else, list the creditor in Part 1,<br>t you listed in Part 1, list the additional creditor                                | and then list the co   | llection agency | here. Similarly, if yo | u have more |
| Name, Number<br>Chrysler Ca<br>PO Box 961  | , Street, City, State & pital ATTN: Bank                             | Zip Code Oruptcy Dept  | n which line in Part 1 | •               | e creditor? <u>2.1</u> |             |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 20 of 61

| Fill in this informat  | tion to identify your c  | ase:   |   |  |  |   |   |   |
|--|--|--|---|--|--|---|---|---|
|  |  | use.   |   |  |  |   |   |   |
| Debtor 1   | Kara Lynn Warrior First Name   | Middle Name  | Last Name   |  |  |   |   |   |
| Debtor 2   |  |  |   |  |  |   |   |   |
| (Spouse if, filing)  | First Name   | Middle Name  | Last Name   |  |  |   |   |   |
| United States Bankı  | ruptcy Court for the:  | WESTERN DISTRI   | ICT OF OKLAHOMA   |  |  |   |   |   |
| Case number  |  |  |   |  |  | Check   | if this is an   |   |
|  |  |  |   |  | _  | amend   | ed filing   |   |
| Official Form  | 106F/F   |  |   |  |  |   |   |   |
|  |  | ho Have Uns  | ecured Claims   |  |  |   | 12/15   |   |
| Schedule G: Executor Schedule D: Creditors left. Attach the Contin name and case number Part 1: List All of 1. Do any creditors  No. Go to Part Yes. | ry Contracts and Unexpi<br>s Who Have Claims Secu-<br>uation Page to this page<br>er (if known).<br>of Your PRIORITY Uns-<br>have priority unsecured<br>2. | red Leases (Official For<br>red by Property. If mo<br>e. If you have no infor<br>secured Claims<br>I claims against you? | claim. Also list executory contra<br>orm 106G). Do not include any co<br>ore space is needed, copy the Pa<br>mation to report in a Part, do not | reditors with partially s<br>irt you need, fill it out, i<br>file that Part. On the to | ecured clain<br>number the<br>op of any ad | ms that a<br>entries ir<br>Iditional <sub>I</sub> | re listed in<br>1 the boxes on the<br>pages, write your | • |
| identify what type of possible, list the cl  | of claim it is. If a claim has   | s both priority and nonp<br>according to the credit  | priority amounts, list that claim here tor's name. If you have more than t  | and show both priority a   | ind nonpriorit                             | ty amount   | s. As much as   |   |
| (For an explanatio   | on of each type of claim, se   | ee the instructions for th   | his form in the instruction booklet.)   | Total claim  | Priority<br>amount                         |   | Nonpriority amount                                      |   |
| 2.1 IRS (Centr   | ral Insolvency Opera   | ition) Last 4 dig  | gits of account number  | \$0.00   | amount                                     | \$0.00  | \$0.0   | 0 |
| Priority Credit  |  | When was   | s the debt incurred?  |  |  |   |   |   |
|  | nia, PA 19114  |  |   |  | -  |   |   |   |
|  | et City State Zip Code  ne debt? Check one.  | As of the  | date you file, the claim is: Check  | all that apply   |  |   |   |   |
| ■ Debtor 1 only  |  | ☐ Unliqui  | <b>5</b>  |  |  |   |   |   |
|  |  |  |   |  |  |   |   |   |
| ☐ Debtor 2 only  |  | ☐ Disput   |   |  |  |   |   |   |
| ☐ Debtor 1 and   | ,  |  | RIORITY unsecured claim:  |  |  |   |   |   |
| ☐ At least one of  | of the debtors and another   | _  | stic support obligations  |  |  |   |   |   |
|  | claim is for a commun  | -  | and certain other debts you owe th  | =  |  |   |   |   |
| Is the claim sub   | ject to offset?  |  | s for death or personal injury while  |  |  |   |   |   |
| ■ No<br>□ Yes  |  | ☐ Other.   | Specify   |  |  |   |   |   |
|  |  |  |   |  |  |   |   |   |
| 2.2 OTC  |  | Last 4 dig   | gits of account number  | \$0.00   |  | \$0.00  | \$0.0   | 0 |
|  | tor's Name<br>adway Ave., Suite 1<br>City, OK 73102  | 500 When was   | s the debt incurred?  |  | -  |   |   |   |
| Number Street  | et City State Zip Code   | As of the  | date you file, the claim is: Check  | all that apply   |  |   |   |   |
| Who incurred th  | ne debt? Check one.  | ☐ Contin   | gent  |  |  |   |   |   |
| Debtor 1 only  | ,  | ☐ Unliqui  | idated  |  |  |   |   |   |
| Debtor 2 only  | 1  | ☐ Dispute  |   |  |  |   |   |   |
| ☐ Debtor 1 and   |  |  | RIORITY unsecured claim:  |  |  |   |   |   |
|  | of the debtors and another   | =  | stic support obligations  |  |  |   |   |   |
|  | s claim is for a commun  | _  | and certain other debts you owe th  | a government   |  |   |   |   |
| Is the claim sub   |  |  | s for death or personal injury while  | _  |  |   |   |   |
| ■ No   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | Specify   |  |  |   |   |   |
| ☐ Yes  |  | □ Other.   | ороопу  |  |  |   |   |   |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 21 of 61 Case number (if known) Debtor 1 Kara Lynn Warrior Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim 4.1 Ace Cash Express Last 4 digits of account number Unknown Nonpriority Creditor's Name 1231 Greenway Drive 700 When was the debt incurred? Irving, TX 75038 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Advance America Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name 160 Cedar Tree Square When was the debt incurred? Belton, MO 64012 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 22 of 61

| Debto | r 1 Kara Lynn Warrior  |  | Case number (if known)                        |            |
|-------|--|--|---|------------|
| 4.3   | American Credit Acceptance Nonpriority Creditor's Name                                 | Last 4 digits of account number  | 1001  | \$9,195.00 |
|       | Attn: Bankruptcy 961 E Main St Spartanburg, SC 29302 Number Street City State Zip Code | When was the debt incurred?  | Opened 8/29/15 Last Active 9/12/18            |            |
|       | Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Спеск ан tnat apply                        |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?          | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|       | No   | Debts to pension or profit-sharir  | og plans, and other similar debts             |            |
|       | Yes  | ■ Other. Specify Automobile  | g plane, and other cirillal desic             |            |
| 4.4   | Amex Nonpriority Creditor's Name   | Last 4 digits of account number  | 8063  | \$1,084.00 |
|       | Correspondence/Bankruptcy Po Box 981540  | When was the debt incurred?  | Opened 09/17 Last Active 9/16/19              |            |
|       | EI Paso, TX 79998  Number Street City State Zip Code                                   | As of the date you file, the claim   | is: Check all that apply                      |            |
|       | Who incurred the debt? Check one.  | ,  |   |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|       | ☐ Check if this claim is for a community   | Student loans  |   |            |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                 | aration agreement or divorce that you did not |            |
|       | No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|       | Yes  | Other. Specify Credit Card   |   |            |
| 4.5   | Auto Snap Nonpriority Creditor's Name  | Last 4 digits of account number  | 2757  | Unknown    |
|       | 801 W I240 Service Rd<br>Oklahoma City, OK 73139                                       | When was the debt incurred?  | Opened 2/05/11 Last Active 4/18/11            |            |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim   | is: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent   |   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|       | debt Is the claim subject to offset?   | report as priority claims  | aration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|       | ☐ Yes  | Other. Specify Automobile  |   |            |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 23 of 61

| Debto | r 1 Kara Lynn Warrior  |   | Case number (if known)                                      |          |
|-------|--|---|---|----------|
| 4.6   | Capital One  | Last 4 digits of account number   | 6880  | \$794.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim               | Opened 9/23/18 Last Active 7/03/19 is: Check all that apply |          |
|       | Who incurred the debt? Check one.  |   |   |          |
|       | Debtor 1 only  | ☐ Contingent  |   |          |
|       | Debtor 2 only  | ☐ Unliquidated  |   |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:  |          |
|       | ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not               |          |
|       | Is the claim subject to offset?  | report as priority claims   |   |          |
|       | No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                           |          |
|       | Yes  | Other. Specify Credit Card  |   |          |
| 4.7   | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number   | 3667  | \$629.00 |
|       | Attn: Bankruptcy   |   | Opened 09/17 Last Active                                    |          |
|       | Po Box 30285   | When was the debt incurred?   | 3/01/19   |          |
|       | Salt Lake City, UT 84130  Number Street City State Zip Code  | As of the date you file, the claim  | is: Check all that apply                                    |          |
|       | Who incurred the debt? Check one.  | ,                                       |   |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |          |
|       | Debtor 2 only  | ☐ Unliquidated  |   |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:  |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
|       | debt   | ☐ Obligations arising out of a sepa   | aration agreement or divorce that you did not               |          |
|       | Is the claim subject to offset?  | report as priority claims   |   |          |
|       | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                           |          |
|       | Yes  | Other. Specify Credit Card  |   |          |
| 4.8   | Capital One  | Last 4 digits of account number   | 7993  | \$588.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy   |   | Opened 12/16 Last Active                                    |          |
|       | Po Box 30285   | When was the debt incurred?   | 3/01/19   |          |
|       | Salt Lake City, UT 84130   |   |   |          |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                                    |          |
|       | Debtor 1 only  | ☐ Contingent  |   |          |
|       | Debtor 2 only  | _   |   |          |
|       | _  | ☐ Unliquidated  |   |          |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                                      | d claim:  |          |
|       | At least one of the debtors and another  | Student loans   | <del></del>   |          |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?  |   | aration agreement or divorce that you did not               |          |
|       | ■ No   | Debts to pension or profit-sharir   | ng plans, and other similar debts                           |          |
|       | ☐ Yes  | ■ Other Specify Credit Card   |   |          |
|       |  | - Other opedity Stock Oard  |   |          |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 24 of 61

| Debto    | 1 Kara Lynn Warrior  | Case number (if known)  |            |
|----------|--|---|------------|
| 4.9      | Cash Advance America   | Last 4 digits of account number   | \$1,000.00 |
|          | Nonpriority Creditor's Name<br>1300 West Vandament Unit 401<br>Yukon, OK 73099 | When was the debt incurred?   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only  | Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | Disputed  |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | Other. Specify  |            |
| 4.1      | Cash Express   | Last 4 digits of account number   | \$1,000.00 |
| 0        | Nonpriority Creditor's Name  | Last 4 digits of account number   | Ψ1,000.00  |
|          | 200 S Ranchwood Blvd #1<br>Yukon, OK 73099                                     | When was the debt incurred?   |            |
|          | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                                       | Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          |  |   |            |
|          | Yes  | Other. Specify  |            |
| 4.1<br>1 | Centerpoint Energy   | Last 4 digits of account number   | Unknown    |
|          | Nonpriority Creditor's Name PO Box 4583  | When was the debt incurred?   |            |
|          | Houston, TX 77210-4583  Number Street City State Zip Code                      | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  | ,   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | □ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
|          | debt   | lacksquare Obligations arising out of a separation agreement or divorce that you did not                  |            |
|          | Is the claim subject to offset?  | report as priority claims   |            |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | Other, Specify  |            |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 25 of 61

| Debt     | or 1 Kara Lynn Warrior   |   | Case number (if known)                       |             |  |
|----------|--|---|--|-------------|--|
| 4.1<br>2 | Chex Systems Attn: Consumer Relations  | Last 4 digits of account number                                     |  | \$0.00      |  |
|          | Nonpriority Creditor's Name 7805 Hudson Road Suite 100 Saint Paul, MN 55125    | When was the debt incurred?   |  | <del></del> |  |
|          | Number Street City State Zip Code  | As of the date you file, the claim                                  | s: Check all that apply                      |             |  |
|          | Who incurred the debt? Check one.  |   |  |             |  |
|          | Debtor 1 only  | ☐ Contingent  |  |             |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |             |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure  | d claim:                                     |             |  |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans   |  |             |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims          | ration agreement or divorce that you did not |             |  |
|          | ■ No   | Debts to pension or profit-sharing                                  | g plans, and other similar debts             |             |  |
|          | Yes  | Other. Specify  |  |             |  |
| 4.1      | Comenity Capital Bank  | Last 4 digits of account number                                     |  | \$0.00      |  |
| 3        | Nonpriority Creditor's Name PO Box 183003                                      | When was the debt incurred?   |  |             |  |
|          | Columbus, OH 43218-3003  Number Street City State Zip Code                     | As of the date you file, the claim                                  |  |             |  |
|          | Who incurred the debt? Check one.  |   |  |             |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |
|          | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure  |  |             |  |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans   |  |             |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims          |  |             |  |
|          | ■ No   | Debts to pension or profit-sharing                                  | g plans, and other similar debts             |             |  |
|          | ☐ Yes  | Other. Specify  |  |             |  |
| 4.1<br>4 | Credit One Bank  | Last 4 digits of account number                                     | 9720   | \$1,160.00  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873           | When was the debt incurred?   | Opened 01/17 Last Active 7/11/19             |             |  |
|          | Las Vegas, NV 89193  |   |  |             |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim                                  | s: Check all that apply                      |             |  |
|          | <u> </u>   | П   |  |             |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |             |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                            |  |             |  |
|          | At least one of the debtors and another  | Student loans   |  |             |  |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims        |  |             |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |             |  |
|          | ☐ Yes  | ·   | 5 F 3  |             |  |
|          | <b>□</b> 162   | Other. Specify Credit Card  |  |             |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 26 of 61

| Debto | r 1 Kara Lynn Warrior                                   |  | Case number (if known)                       |                |
|-------|---|--|--|----------------|
| 4.1   | Discours Figure 1                                       |  | C447   | <b>#000.00</b> |
| 5     | Discover Financial                                      | Last 4 digits of account number                              | <u>6447</u>                                  | \$889.00       |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Department |  | Opened 09/17 Last Active                     |                |
|       | Po Box 15316  | When was the debt incurred?                                  | 9/22/19                                      |                |
|       | Wilmington, DE 19850                                    |  |  |                |
|       | Number Street City State Zip Code                       | As of the date you file, the claim                           | s: Check all that apply                      |                |
|       | Who incurred the debt? Check one.                       | _  |  |                |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |                |
|       | Debtor 2 only   | ☐ Unliquidated   |  |                |
|       | Debtor 1 and Debtor 2 only                              | ☐ Disputed   |  |                |
|       | At least one of the debtors and another                 | Type of NONPRIORITY unsecured                                | d claim:                                     |                |
|       | ☐ Check if this claim is for a community                | ☐ Student loans  |  |                |
|       | debt  |  | ration agreement or divorce that you did not |                |
|       | Is the claim subject to offset?                         | report as priority claims  Debts to pension or profit-sharin | a plane, and other similar debte             |                |
|       | ■ No  |  | g plans, and other similar debts             |                |
|       | Yes   | ■ Other. Specify Credit Card                                 |  |                |
| 4.1   |   |  |  |                |
| 6     | Empire Finance  | Last 4 digits of account number                              |  | \$750.00       |
|       | Nonpriority Creditor's Name 933 S Country Club Rd       | When was the debt incurred?                                  |  |                |
|       | El Reno. OK 73036                                       | Titles was the dest mounted.                                 |  |                |
|       | Number Street City State Zip Code                       | As of the date you file, the claim                           |  |                |
|       | Who incurred the debt? Check one.                       |  |  |                |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |                |
|       | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |  |                |
|       | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecured                                | d claim:                                     |                |
|       | ☐ Check if this claim is for a community                | ☐ Student loans  |  |                |
|       | debt  |  | ration agreement or divorce that you did not |                |
|       | Is the claim subject to offset?                         | report as priority claims                                    |  |                |
|       | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |                |
|       | Yes   | Other. Specify   |  |                |
| 4.1   |   |  |  |                |
| 7     | Kohls/Capital One                                       | Last 4 digits of account number                              | 7931   | \$690.00       |
|       | Nonpriority Creditor's Name Attn: Credit Administrator  |  | Opened 05/16 Last Active                     |                |
|       | Po Box 3043   | When was the debt incurred?                                  | 5/20/19                                      |                |
|       | Milwaukee, WI 53201                                     |  |  |                |
|       | Number Street City State Zip Code                       | As of the date you file, the claim i                         | s: Check all that apply                      |                |
|       | Who incurred the debt? Check one.                       |  |  |                |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |                |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |                |
|       | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |  |                |
|       | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecured                                | d claim:                                     |                |
|       | ☐ Check if this claim is for a community                | ☐ Student loans  |  |                |
|       | debt  |  | ration agreement or divorce that you did not |                |
|       | Is the claim subject to offset?                         | report as priority claims                                    |  |                |
|       | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |                |
|       | ☐ Yes   | Other. Specify Charge Acc                                    | ount   |                |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 27 of 61

| Debtor | 1 Kara Lynn Warrior  |   | Case number (if known)                       |            |  |
|--------|--|---|--|------------|--|
| 4.1    | MaCanthus Duranaa Malfa                                      |   | 0004   | ф4 400 CC  |  |
| 8      | McCarthy Burgess Wolfe Nonpriority Creditor's Name           | Last 4 digits of account number                               | 0001   | \$1,139.89 |  |
|        | The MB&W Building 26000 Cannon Road                          | When was the debt incurred?                                   |  |            |  |
|        | Bedford, OH 44146  |   |  |            |  |
|        | Number Street City State Zip Code                            | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |
|        | Who incurred the debt? Check one.                            |   |  |            |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |  |            |  |
|        | $\square$ At least one of the debtors and another            | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |
|        | ☐ Check if this claim is for a community                     | Student loans   |  |            |  |
|        | debt Is the claim subject to offset?                         | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |  |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |  |
|        | Yes  | ■ Other. Specify Collections                                  | for verizon                                  |            |  |
| 4.1    | Merrick Bank/CardWorks                                       | Last 4 digits of account number                               | 1273   | \$703.00   |  |
| 3      | Nonpriority Creditor's Name                                  |   |  | <u> </u>   |  |
|        | Attn: Bankruptcy   |   | Opened 11/18 Last Active                     |            |  |
|        | Po Box 9201<br>Old Bethpage, NY 11804                        | When was the debt incurred?                                   | 6/17/19                                      |            |  |
|        | Number Street City State Zip Code                            | As of the date you file, the claim i                          | s: Check all that apply                      |            |  |
|        | Who incurred the debt? Check one.                            |   |  |            |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|        | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |  |            |  |
|        | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |  |
|        | ☐ Check if this claim is for a community                     | ☐ Student loans   |  |            |  |
|        | debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |  |
|        | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |  |
|        | Yes  | Other. Specify Credit Card                                    |  |            |  |
| 4.2    | MidAmerican Energy Company                                   | Last 4 digits of account number                               |  | Unknown    |  |
| U      | Nonpriority Creditor's Name                                  |   |  |            |  |
|        | PO Box 657   | When was the debt incurred?                                   |  |            |  |
|        | Des Moines, IA 50306-0657  Number Street City State Zip Code | As of the date you file, the claim i                          | e. Chock all that apply                      |            |  |
|        | Who incurred the debt? Check one.                            | As of the date you life, the claim i                          | S. Check all that apply                      |            |  |
|        | Debtor 1 only  | ☐ Contingent  |  |            |  |
|        | Debtor 2 only  | _   |  |            |  |
|        | Debtor 1 and Debtor 2 only                                   | ☐ Unliquidated  |  |            |  |
|        | At least one of the debtors and another                      | ☐ Disputed  Type of NONPRIORITY unsecured                     |  |            |  |
|        | ☐ Check if this claim is for a community                     | ☐ Student loans   |  |            |  |
|        | debt   | _   | ration agreement or divorce that you did not |            |  |
|        | Is the claim subject to offset?                              | report as priority claims                                     | <u> </u>                                     |            |  |
|        | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |  |
|        | ☐ Yes  | Other. Specify  |  |            |  |
|        |  | -   |  |            |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 28 of 61

| Debto    | r 1 Kara Lynn Warrior   | Case number (if known)  |          |
|----------|---|---|----------|
| 4.2<br>1 | MRS BPO   | Last 4 digits of account number 7105  | \$572.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy 1930 Olney Ave                                 | When was the debt incurred? Opened 02/18  |          |
|          | Cherry Hill, NJ 08003  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|          | _   |   |          |
|          | Debtor 1 only   | Contingent  |          |
|          | Debtor 2 only   | Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|          | Yes   | Other. Specify Collection Attorney U.S. Cellular  |          |
| 4.2      | Muse & Associates   | Last 4 digits of account number   | \$852.40 |
|          | Nonpriority Creditor's Name<br>8488 NW 39th Expy<br>Bethany, OK 73008                       | When was the debt incurred?   |          |
|          | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |          |
|          | Who incurred the debt? Check one.   |   |          |
|          | Debtor 1 only   | ☐ Contingent  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | Yes   | Other. Specify  |          |
| 4.2      | OGE Energy Corp   | Look A divite of account number   | \$500.00 |
| 3        | Nonpriority Creditor's Name   | Last 4 digits of account number   | Ψοσο.σσ  |
|          | OGE Electric Services<br>PO Box 321   | When was the debt incurred?   |          |
|          | Oklahoma City, OK 73101  Number Street City State Zip Code                                  | As of the date you file, the claim is: Check all that apply   |          |
|          | Who incurred the debt? Check one.   | As of the date you me, the claim is. Oneck an that apply  |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|          | ☐Yes  | Other. Specify  |          |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 29 of 61

| Debtor   | Kara Lynn Warrior  | Case number (if known)   |            |
|----------|--|--|------------|
|          | -  |  |            |
| 4.2      | Oklahoma Natural Gas Company   | Last 4 digits of account number  | Unknown    |
|          | Nonpriority Creditor's Name  | - <del></del> -  |            |
|          | PO box 401   | When was the debt incurred?  |            |
|          | Oklahoma City, OK 73101  Number Street City State Zip Code           | As of the date you file, the claim is: Check all that apply                                    |            |
|          | Who incurred the debt? Check one.                                    |  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|          | Debtor 1 and Debtor 2 only   | □ Disputed   |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|          | debt   | lacksquare Obligations arising out of a separation agreement or divorce that you did not       |            |
|          | Is the claim subject to offset?                                      | report as priority claims  |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                            |            |
|          | Yes  | Other. Specify   |            |
| 4.2      | Orange City Area Health System                                       | Last 4 digits of account number  | \$5,000.00 |
| 5        | Nonpriority Creditor's Name  | Last 4 digits of account number  | Ψο,σσο.σσ  |
|          | 1000 N Lincoln Cir   | When was the debt incurred?  |            |
|          | Orange City, IA 51041  | As of the date way file the plainties OL   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                    |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|          | Check if this claim is for a community                               | ☐ Student loans  |            |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                |            |
|          | Is the claim subject to offset?                                      | report as priority claims  |            |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts                              |            |
|          | Yes  | Other. Specify   |            |
|          |  |  |            |
| 4.2<br>6 | Progressive Leasing  | Last 4 digits of account number 5813   | \$500.00   |
|          | Nonpriority Creditor's Name<br>256 Data Drive                        | When was the debt incurred?  |            |
|          | Draper, UT 84020   | When was the destiniculted:  |            |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply                                    |            |
|          | Who incurred the debt? Check one.                                    |  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |            |
|          | ☐ Debtor 2 only ☐ Unliquidated                                       |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|          | debt   | Obligations arising out of a separation agreement or divorce that you did not                  |            |
|          | Is the claim subject to offset?  ■ No                                | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts |            |
|          |  |  |            |
|          | Yes  | Other. Specify   |            |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 30 of 61

| Debtor 1 Kara Lynn Warrior |   | Case number (if known)                                     |   |                |  |  |  |
|----------------------------|---|--|---|----------------|--|--|--|
| 4.2                        | B 18: 0   |  | 0005  | <b>#004.00</b> |  |  |  |
| 7                          | Red River Cr                                      | Last 4 digits of account number                            | 8965  | \$664.00       |  |  |  |
|                            | Nonpriority Creditor's Name                       |  | Opened 7/12/19 Last Active                                  |                |  |  |  |
|                            | Po Box 130<br>Timpson, TX 75975                   | When was the debt incurred?                                | 8/02/19   |                |  |  |  |
|                            | Number Street City State Zip Code                 |  |   |                |  |  |  |
|                            | Who incurred the debt? Check one.                 | As of the date you file, the claim                         | and apply   |                |  |  |  |
|                            | ■ Debtor 1 only                                   |  |   |                |  |  |  |
|                            | Debtor 2 only                                     | ☐ Contingent☐ Unliquidated                                 |   |                |  |  |  |
|                            | ☐ Debtor 1 and Debtor 2 only                      | □ Disputed   |   |                |  |  |  |
|                            | ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured                              | d claim:  |                |  |  |  |
|                            | ☐ Check if this claim is for a community          | ☐ Student loans  |   |                |  |  |  |
|                            | debt Is the claim subject to offset?              | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                |                |  |  |  |
|                            | ■ No  | ☐ Debts to pension or profit-sharin                        | g plans, and other similar debts                            |                |  |  |  |
|                            | ☐ Yes   |  |   |                |  |  |  |
|                            | L les   | Other. Specify Note Loan                                   |   |                |  |  |  |
| 4.2                        |   |  |   |                |  |  |  |
| 8                          | Regional Fin                                      | Last 4 digits of account number                            | 0758  | \$3,869.00     |  |  |  |
|                            | Nonpriority Creditor's Name                       |  | Opened 4/11/19 Last Active                                  |                |  |  |  |
|                            | 1300 West Vandament Ave<br>Yukon, OK 73099        | When was the debt incurred?                                | 8/21/19   |                |  |  |  |
|                            | Number Street City State Zip Code                 | As of the date you file, the claim i                       | As of the date you file, the claim is: Check all that apply |                |  |  |  |
|                            | Who incurred the debt? Check one.                 |  |   |                |  |  |  |
|                            | Debtor 1 only                                     |  |   |                |  |  |  |
|                            | ☐ Debtor 2 only                                   | ☐ Unliquidated   |   |                |  |  |  |
|                            | ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed   |   |                |  |  |  |
|                            | $\square$ At least one of the debtors and another |  |   |                |  |  |  |
|                            | ☐ Check if this claim is for a community          | ☐ Student loans  |   |                |  |  |  |
|                            | debt Is the claim subject to offset?              | Obligations arising out of a separeport as priority claims |   |                |  |  |  |
|                            | ■ No  | Debts to pension or profit-sharing                         |   |                |  |  |  |
|                            | ☐ Yes   | ■ Other. Specify Secured                                   |   |                |  |  |  |
|                            |   | — Other: Specify   |   |                |  |  |  |
| 4.2                        |   |  |   |                |  |  |  |
| 9                          | Rent a Center  Nonpriority Creditor's Name        | Last 4 digits of account number                            |   | \$2,400.00     |  |  |  |
|                            | ATTN: Customer Care 5501 Headquarters Drive       | When was the debt incurred?                                |   |                |  |  |  |
|                            | Plano, TX 75024                                   |  |   |                |  |  |  |
|                            | Number Street City State Zip Code                 | As of the date you file, the claim                         |   |                |  |  |  |
|                            | Who incurred the debt? Check one.                 | _  |   |                |  |  |  |
|                            | Debtor 1 only                                     | ☐ Contingent   |   |                |  |  |  |
|                            | Debtor 2 only                                     | Unliquidated   |   |                |  |  |  |
|                            | Debtor 1 and Debtor 2 only                        | ☐ Disputed   | L. L. C.  |                |  |  |  |
|                            | At least one of the debtors and another           | Type of NONPRIORITY unsecured                              |   |                |  |  |  |
|                            | ☐ Check if this claim is for a community debt     | Student loans  |   |                |  |  |  |
|                            | Is the claim subject to offset?                   | Obligations arising out of a separeport as priority claims |   |                |  |  |  |
|                            | ■ No  | Debts to pension or profit-sharin                          | g plans, and other similar debts                            |                |  |  |  |
|                            | □Yes  | Other. Specify   |   |                |  |  |  |
|                            | **  | — Outer, Specify   |   |                |  |  |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 31 of 61

| Debto    | or 1 Kara Lynn Warrior  | Case number (if known)  |         |  |  |  |
|----------|---|---|---------|--|--|--|
| 4.2      |   |   |         |  |  |  |
| 4.3<br>0 | Rush Copley Medical Center  | Last 4 digits of account number   | Unknown |  |  |  |
|          | Nonpriority Creditor's Name<br>2000 Ogden Ave<br>Aurora, IL 60504 | When was the debt incurred?   |         |  |  |  |
|          | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |         |  |  |  |
|          | Who incurred the debt? Check one.                                 |   |         |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |         |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |         |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |  |  |  |
|          | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |         |  |  |  |
|          | ☐ Check if this claim is for a community                          | ☐ Student loans   |         |  |  |  |
|          | debt Is the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |         |  |  |  |
|          | Yes   | ■ Other. Specify  |         |  |  |  |
| 4.3      | Security Finance Of Oklahoma LLC                                  | Last 4 digits of account number   | Unknown |  |  |  |
| 1        | Nonpriority Creditor's Name                                       | Last 4 digits of account number   |         |  |  |  |
|          | 105 N Broadway<br>Oklahoma City, OK 73160                         | When was the debt incurred?   |         |  |  |  |
|          | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |         |  |  |  |
|          | Who incurred the debt? Check one.                                 |   |         |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |         |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |         |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |  |  |  |
|          | $\square$ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |         |  |  |  |
|          | Check if this claim is for a community                            | ☐ Student loans   |         |  |  |  |
|          | debt Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |         |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |         |  |  |  |
|          | □ Yes   |   |         |  |  |  |
|          | L les   | Other. Specify  |         |  |  |  |
| 4.3      |   |   |         |  |  |  |
| 2        | Sprint  | Last 4 digits of account number   | Unknown |  |  |  |
|          | Nonpriority Creditor's Name PO BOX 4191                           | When was the debt incurred?   |         |  |  |  |
|          | Carol Stream, IL 60197  Number Street City State Zip Code         | As of the date you file, the claim is: Check all that apply   |         |  |  |  |
|          | Who incurred the debt? Check one.                                 | The Critical and Journal, and Chamber of Concert an anatoppy  |         |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |         |  |  |  |
|          | Debtor 2 only   | □ Unliquidated  |         |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                                      | Disputed  |         |  |  |  |
|          | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |         |  |  |  |
|          | ☐ Check if this claim is for a community                          | ☐ Student loans   |         |  |  |  |
|          | debt Is the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                              |         |  |  |  |
|          | ☐ Yes   |   |         |  |  |  |
|          |   |   |         |  |  |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 32 of 61

| Debto | r 1 Kara Lynn Warrior   |   | Case number (if known)                       |          |  |  |
|-------|---|---|--|----------|--|--|
| 4.3   | Synchrony Bank/ JC Penneys  | Last 4 digits of account number                               | 8142   | \$635.00 |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060                              | When was the debt incurred?                                   | Opened 09/17 Last Active 7/03/19             |          |  |  |
|       | Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |  |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |          |  |  |
|       | lacksquare At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                 | d claim:                                     |          |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |          |  |  |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |  |
|       | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |          |  |  |
|       | Yes   | Other. Specify Charge Acc                                     | ount   |          |  |  |
| 4.3   | Synchrony Bank/Walmart  | Last 4 digits of account number                               | 0741   | \$626.00 |  |  |
|       | Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896   | When was the debt incurred?                                   | Opened 9/04/17 Last Active 3/01/19           |          |  |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |  |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |  |          |  |  |
|       | ☐ At least one of the debtors and another   | ,   |  |          |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |          |  |  |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |  |
|       | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |          |  |  |
|       | Yes   | Other. Specify Charge Acc                                     | ount   |          |  |  |
| 4.3   | T Mobile Bankruptcy Team  | Last 4 digits of account number                               |  | Unknown  |  |  |
|       | Nonpriority Creditor's Name<br>PO Box 53410<br>Bellevue, WA 98015                       | When was the debt incurred?                                   |  |          |  |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|       | Debtor 2 only   |   |  |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | tor 1 and Debtor 2 only                                       |  |          |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 |  |          |  |  |
|       | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa           |  |          |  |  |
|       | Is the claim subject to offset?   | report as priority claims                                     |  |          |  |  |
|       | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |          |  |  |
|       | Yes   | Other Specify   |  |          |  |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 33 of 61

| r 1 Kara Lynn Warrior                                  | Case number (if known)   |  |   |  |  |  |
|--|--|--|---|--|--|--|
| Telecheck Services Inc ATTN:                           | Last A divite of account numbers   |  | \$0.00  |  |  |  |
| Nonpriority Creditor's Name                            | Last 4 digits of account number  | Last 4 digits of account number  |   |  |  |  |
| PO Box 4451  | When was the debt incurred?  |  |   |  |  |  |
|  |  | a. Chaele all that apply   |   |  |  |  |
|  | As of the date you file, the claim   | s: Спеск ан тлат арруу   |   |  |  |  |
| _  | Contingent   |  |   |  |  |  |
|  | <u> </u>   |  |   |  |  |  |
|  | _ '  |  |   |  |  |  |
|  |  | d claim:   |   |  |  |  |
| _  | ☐ Student loans  |  |   |  |  |  |
| debt Is the claim subject to offset?                   | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not   |   |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts   |   |  |  |  |
| ☐ Yes  |  |  |   |  |  |  |
| 110.0 11.1   |  |  | Ф000.07   |  |  |  |
|  | Last 4 digits of account number  |  | \$380.37  |  |  |  |
| 8410 W BrynMawr Suite 700                              | When was the debt incurred?  | When was the debt incurred?  |   |  |  |  |
| Number Street City State Zip Code                      | As of the date you file, the claim i   |  |   |  |  |  |
| Who incurred the debt? Check one.                      |  |  |   |  |  |  |
| Debtor 1 only  |  |  |   |  |  |  |
| Debtor 2 only  |  |  |   |  |  |  |
| Debtor 1 and Debtor 2 only                             | ☐ Disputed   |  |   |  |  |  |
| At least one of the debtors and another                | <u></u>  |  |   |  |  |  |
| Check if this claim is for a community                 |  |  |   |  |  |  |
| debt Is the claim subject to offset?                   | □ Obligations arising out of a separe report as priority claims  |  |   |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |  |  |  |
| Yes  | Other. Specify   |  |   |  |  |  |
| Verizon Wireless                                       | Last 4 digits of account number  | 0001   | \$966.00  |  |  |  |
| Nonpriority Creditor's Name                            | Last 4 digits of account number  |  | Ψ300.00   |  |  |  |
| Attn: Verizon Bankruptcy<br>500 Technology Dr, Ste 500 | When was the debt incurred?  | Opened 02/16 Last Active 10/31/17  |   |  |  |  |
| Weldon Springs, MO 63304                               | As of the date you file, the claim i   | s: Chock all that apply  |   |  |  |  |
| Who incurred the debt? Check one.                      | As of the date you me, the dam's   | 3. Oneon all that apply  |   |  |  |  |
| ■ Debtor 1 only  | Contingent   |  |   |  |  |  |
| <u> </u>   |  |  |   |  |  |  |
|  | _ `  |  |   |  |  |  |
| ☐ At least one of the debtors and another              |  |  |   |  |  |  |
| ☐ Check if this claim is for a community               | ☐ Student loans  |  |   |  |  |  |
| debt Is the claim subject to offset?                   | ☐ Obligations arising out of a separeport as priority claims   |  |   |  |  |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |  |  |  |
| Yes  | Other. Specify   |  |   |  |  |  |
|  | Bankruptcy Nonpriority Creditor's Name PO Box 4451 Houston, TX 77210-4450 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  US Cellular Nonpriority Creditor's Name 8410 W BrynMawr Suite 700 Chicago, IL 60631 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Verizon Wireless Nonpriority Creditor's Name Attn: Verizon Bankruptcy 500 Technology Dr, Ste 500 Weldon Springs, MO 63304 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Telecheck Services Inc ATTN: Bankruptcy Nonpriority Creditor's Name PO Box 4451 Houston, TX 77210-4450 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name 8410 W BrynMawr Suite 700 Chicago, IL 60631 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Street City State Zip Code Who incurred the debt one Community debt Street City State Zip Code Who incurred the debt? Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only De | Telecheck Services Inc ATTN: Bankruptcy Nonproricy Creditor's Name PO Box 4451 When was the debt incurred? Houston, TX 77210-4450 Number Street City State 2p Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only |  |  |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 34 of 61

| Debtor   | 1 Kara Lynn Warrior  |  | Case number (if known)  |   |  |  |
|--|--|--|---|---|--|--|
| 4.3  | Weokie   | Last 4 digits of account num   | ber   | \$0.00  |  |  |
| -  | Nonpriority Creditor's Name  |  | <del></del>   |   |  |  |
| PO Box 26090 Oklahoma City, OK 73126 Number Street City State Zip Code |  | When was the debt incurred   |   |   |  |  |
|  |  | As of the date you file, the cl  | aim is: Check all that apply  |   |  |  |
|  | Who incurred the debt? Check one.  |  |   |   |  |  |
| Debtor 1 only  |  | ☐ Contingent   |   |   |  |  |
|  | Debtor 2 only  | ☐ Unliquidated   |   |   |  |  |
|  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |   |  |  |
|  | $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unser  | cured claim:  |   |  |  |
|  | Check if this claim is for a community   | Student loans  |   |   |  |  |
|  | debt Is the claim subject to offset?   | Obligations arising out of a report as priority claims                           | separation agreement or divorce that you did not  |   |  |  |
|  | ■ No   | <u>-</u> ' ' '   | haring plans, and other similar debts   |   |  |  |
|  | Yes  | Other. Specify   |   |   |  |  |
| 4.4<br>0   | World Acceptance Corp  | Last 4 digits of account num   | ber   | Unknown                                       |  |  |
|  | Nonpriority Creditor's Name<br>1215 Garth Brooks Blvd Suite B<br>Yukon, OK 73099 | When was the debt incurred   | ?   |   |  |  |
|  | Number Street City State Zip Code Who incurred the debt? Check one.              | As of the date you file, the cl  | aim is: Check all that apply  |   |  |  |
|  | ■ Debtor 1 only  | ☐ Contingent   |   |   |  |  |
|  | ☐ Debtor 2 only  | ☐ Unliquidated   |   |   |  |  |
|  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   | ☐ Disputed  |   |  |  |
|  | $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unse   |   |   |  |  |
|  | ☐ Check if this claim is for a community   | Student loans  |   |   |  |  |
|  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a report as priority claims                         | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |  |  |
|  | ■ No   | Debts to pension or profit-s   |   |   |  |  |
|  | Yes  | Other. Specify   |   |   |  |  |
| Part 3:  | List Others to Be Notified About a De  | ebt That You Already Listed  |   |   |  |  |
| is trying have in notified Name an Ace Ca                              | ng to collect from you for a debt you owe to s                                   | omeone else, list the original credit<br>at you listed in Parts 1 or 2, list the | hat you already listed in Parts 1 or 2. For example for in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have adding you list the original creditor?  Part 1: Creditors with Priority Unsecured Clain Part 2: Creditors with Nonpriority Unsecured C | here. Similarly, if you itional persons to be |  |  |
| Oklaho   | oma City, OK 73132   | Look A digito of account   | — Fatt 2. Greditors with Northholity Offsecured C   | oranii 13                                     |  |  |
|  |  | Last 4 digits of account number  |   |   |  |  |
|  | nd Address<br>Ice America  | On which entry in Part 1 or Part 2 did<br>Line 4.2 of ( <i>Check one</i> ):      |   |   |  |  |
|  | N Vandament Ave Unit 401   | Line 4.2 of (Check one):   | <ul><li>□ Part 1: Creditors with Priority Unsecured Clain</li><li>■ Part 2: Creditors with Nonpriority Unsecured C</li></ul>  |   |  |  |
| Yukon  | , OK 73099   |  | Part 2: Creditors with Nonpriority Unsecured C  | Jaims   |  |  |
|  |  | Last 4 digits of account number  |   |   |  |  |
|  | nd Address   | On which entry in Part 1 or Part 2 did   | , ·   |   |  |  |
|  | ce America<br>3 East Rte 66  | Line 4.2 of (Check one):   | Part 1: Creditors with Priority Unsecured Clain   |   |  |  |
|  | no, OK 73036   |  | Part 2: Creditors with Nonpriority Unsecured C  | ciaims  |  |  |
|  |  | Last 4 digits of account number  |   |   |  |  |
|  | nd Address   | On which entry in Part 1 or Part 2 did   | <i>-</i>  |   |  |  |
|  | a-center<br>E Rte 66 Ste C   | Line 4.29 of (Check one):  | Part 1: Creditors with Priority Unsecured Clain   |   |  |  |
|  | no, OK 73036   |  | Part 2: Creditors with Nonpriority Unsecured C  | Claims  |  |  |
|  |  | Last 4 digits of account number  |   |   |  |  |

| Debtor 1 Kara Lynn Warrior                  |  | Case number (if known)                                |  |  |
|---|--|---|--|--|
|   |  |   |  |  |
| Name and Address                            | On which entry in Part 1 or Part 2 did                                 | you list the original creditor?                       |  |  |
| Security Finance                            | Line 4.31 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 1410 W Gary Blvd<br>Clinton, OK 73601       |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| Cilitori, OK 75001                          | Last 4 digits of account number  |   |  |  |
| Name and Address                            | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |
| Verizon Wireless                            | Line 4.18 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 455 Duke Drive<br>Franklin, TN 37067        |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |
| Trankin, TV 07007                           | Last 4 digits of account number  |   |  |  |
| Name and Address                            | On which entry in Part 1 or Part 2 did                                 | you list the original creditor?                       |  |  |
| World Acceptance                            | Line 4.40 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |
| 1221 W Gary Blvd Ste B<br>Clinton, OK 73601 |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |
| omnon, on room                              | Last 4 digits of account number  |   |  |  |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                      |     |   |     | Total Claim     |
|----------------------|-----|---|-----|-----------------|
|                      | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total                |     |   |     |                 |
| claims<br>rom Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|                      | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|                      | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                      | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|                      |     |   |     | <br>0.00        |
|                      |     |   |     | Total Claim     |
|                      | 6f. | Student loans   | 6f. | \$<br>0.00      |
| otal<br>laims        |     |   |     |                 |
| rom Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                      | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|                      | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>37,586.66 |
|                      | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>37,586.66 |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 36 of 61

| Fill in this infor                             | Fill in this information to identify your case: |                  |             |  |  |  |  |
|--|---|------------------|-------------|--|--|--|--|
| Debtor 1                                       | Kara Lynn Warrior                               |                  |             |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)                | First Name                                      | Middle Name      | Last Name   |  |  |  |  |
| United States Ba                               | ankruptcy Court for the:                        | WESTERN DISTRICT | OF OKLAHOMA |  |  |  |  |
| Case number Check if this is an amended filing |   |                  |             |  |  |  |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | Oity      |              | Oldio   | Zii Oodo          |   |
| 2.3 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | Number    | Olicot       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 0.4 | City      |              | State   | ZIF Code          |   |
| 2.4 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Niverber  | Otan at      |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
|     |           |              |   |                   |   |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 37 of 61

|                              |  |   |  |   | Í                                    |                |
|------------------------------|--|---|--|---|--------------------------------------|----------------|
|                              | is information to identify your  |   |  |   |                                      |                |
| Debtor 1                     | Kara Lynn Warrior First Name   | Middle Name   | Last Name  |   |                                      |                |
| Debtor 2                     |  |   |  |   |                                      |                |
| (Spouse if,                  | filing) First Name   | Middle Name   | Last Name  |   |                                      |                |
| United S                     | tates Bankruptcy Court for the:  | WESTERN DISTRICT O  | F OKLAHOMA   |   |                                      |                |
| Case nui                     | mber   |   |  |   |                                      |                |
| (if known)                   |  |   |  |   | ☐ Check if this amended fili         |                |
|                              |  |   |  |   | ,                                    | 9              |
|                              | al Form 106H   |   |  |   |                                      |                |
| <u>Sche</u>                  | dule H: Your Code  | ebtors  |  |   |                                      | 12/15          |
| 1. Do □ N ■ Y 2. W Arizo ■ N | -  | you are filing a joint case, d<br>lived in a community pro<br>Nevada, New Mexico, Pue | o not list either spouse a<br>perty state or territory<br>erto Rico, Texas, Washir | <b>?</b> (Community proper                |                                      | nclude         |
| in lir<br>Forr               | olumn 1, list all of your codebt<br>ne 2 again as a codebtor only it<br>n 106D), Schedule E/F (Official<br>Column 2. | f that person is a guarant  | or or cosigner. Make s   | ure you have listed t                     | he creditor on Schedul               | le D (Official |
|                              | Column 1: Your codebtor Name, Number, Street, City, State and Zl   | P Code  |  | Column 2: The cr<br>Check all schedul     | editor to whom you ow es that apply: | e the debt     |
| 3.1                          | Angel Black (debtor's sister)<br>Unknown   | )   |  | ☐ Schedule D, I☐ Schedule E/F☐ Schedule G | line<br>, line                       |                |

Schedule H: Your Codebtors Page 1 of 1 Best Case Bankruptcy Official Form 106H

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 38 of 61

|               |   | . 1                          |   |                  |                      |       |       |         |                 |               |                                  |         |
|---------------|---|------------------------------|---|------------------|----------------------|-------|-------|---------|-----------------|---------------|----------------------------------|---------|
|               | in this information to  | • •                          |   |                  |                      |       |       |         |                 |               |                                  |         |
| Dei           | otor 1  | Kara Lynn W                  | arrior  |                  |                      |       | _     |         |                 |               |                                  |         |
|               | otor 2<br>ouse, if filing)  |                              |   |                  |                      |       | _     |         |                 |               |                                  |         |
| Uni           | ted States Bankrup  | tcy Court for the            | : WESTERN DISTRIC   | T OF OKLA        | НОМА                 |       |       |         |                 |               |                                  |         |
|               | se number   |                              |   | _                |                      |       |       | С       | heck if this is | :             |                                  |         |
| (If kr        | nown)   |                              |   |                  |                      |       |       |         | An amend        |               |                                  |         |
| _             |   |                              |   |                  |                      |       |       |         |                 |               | ing postpetition following date: |         |
| <u>O</u>      | fficial Form  | <u> 1061</u>                 |   |                  |                      |       |       |         | MM / DD/        | YYYY          |                                  |         |
| S             | chedule I: `  | Your Inc                     | ome   |                  |                      |       |       |         |                 |               |                                  | 12/15   |
| spo<br>atta   | use. If you are sep<br>ch a separate shee                           | arated and you               | are married and not filir<br>r spouse is not filing w<br>On the top of any additi | ith you, do      | not include          | infor | matio | on ab   | out your sp     | ouse. If n    | nore space is                    | needed, |
| 1.            | Fill in your emploinformation.                                      | oyment                       |   | Debtor 1         | Debtor 1             |       |       | Debtor  | 2 or non-       | filing spouse |                                  |         |
|               | If you have more than one job,                                      |                              | Employment status   | ■ Employed       |                      |       | ☐ Emp | oyed    |                 |               |                                  |         |
|               | attach a separate page with information about additional employers. | . ,                          |   | ☐ Not employed   |                      |       |       | ☐ Not € | employed        |               |                                  |         |
|               |   |                              | Occupation  | Cashier          | •                    |       |       |         | _               |               |                                  |         |
|               | Include part-time, self-employed wo                                 |                              | Employer's name   | Lucky S          | Star Casino          |       |       |         |                 |               |                                  |         |
|               | Occupation may in or homemaker, if                                  |                              | Employer's address  | 7777 N<br>Concho | Hwy 81<br>, OK 73022 |       |       |         | _               |               |                                  |         |
|               |   |                              | How long employed t   | here?            | 5 years              |       |       |         |                 |               |                                  |         |
| Par           | t 2: Give Det   | tails About Mor              | nthly Income  |                  |                      |       |       |         |                 |               |                                  |         |
| spou<br>If yo | use unless you are  | separated.<br>spouse have mo | ore than one employer, cothis form.   | •                |                      |       | -     | oyers   | for that pers   | on on the     | lines below. If                  |         |
|               |   |                              |   |                  |                      |       |       | For     | Debtor 1        |               | ebtor 2 or<br>iling spouse       |         |
| 2.            |   |                              | ry, and commissions (b<br>calculate what the monthl                               |                  |                      | 2.    | \$    |         | 3,125.85        | \$            | N/A                              |         |
| 3.            | Estimate and list   | t monthly overt              | ime pay.  |                  |                      | 3.    | +\$   |         | 0.00            | +\$           | N/A                              |         |
| 4.            | Calculate gross   | Income. Add lir              | ne 2 + line 3.  |                  |                      | 4.    | \$    | ;       | 3,125.85        | \$_           | N/A                              |         |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 39 of 61

| Deb | tor 1              | Kara Lynn Warrior  | -        | (          | Case        | number (if ki | nown) |           |        |             |                 |
|-----|--------------------|--|----------|------------|-------------|---------------|-------|-----------|--------|-------------|-----------------|
|     |                    |  |          |            |             | Debtor 1      |       | nor       | Debtor | pouse       |                 |
|     | Col                | by line 4 here   | 4.       |            | \$_         | 3,125         | 5.85  | . \$_     |        | N/A         | _               |
| 5.  | List               | t all payroll deductions:  |          |            |             |               |       |           |        |             |                 |
|     | 5a.                | Tax, Medicare, and Social Security deductions  | 5a       | ā.         | \$          | 334           | 1.53  | \$        |        | N/A         |                 |
|     | 5b.                | Mandatory contributions for retirement plans   | 5b       | ).         | \$          |               | 0.00  | \$        |        | N/A         | _               |
|     | 5c.                | Voluntary contributions for retirement plans   | 50       | <b>)</b> . | \$          | (             | 0.00  | \$        |        | N/A         | _               |
|     | 5d.                | Required repayments of retirement fund loans   | 50       | d.         | \$          | (             | 0.00  | \$        |        | N/A         | _               |
|     | 5e.                | Insurance  | 5e       |            | \$          |               | 7.33  | \$        |        | N/A         | _               |
|     | 5f.                | Domestic support obligations   | 5f.      |            | \$_         |               | 0.00  | . \$_     |        | N/A         | _               |
|     | 5g.                | Union dues   | 5g       |            | \$_         |               | 0.00  | ·     \$_ |        | N/A         | _               |
|     | 5h.                | Other deductions. Specify: 401k loan   | _        | 1.+        | \$_         |               | 3.00  | · _       |        | N/A         | _               |
| 6.  | Add                | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |            | \$ _        | 949           | 9.86  | . \$_     |        | N/A         | _               |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |            | \$_         | 2,175         | 5.99  | . \$_     |        | N/A         | _               |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                    |          |            |             |               |       |           |        |             |                 |
|     |                    | monthly net income.  | 8a       | ā.         | \$          | (             | 0.00  | \$        |        | N/A         |                 |
|     | 8b.                | Interest and dividends   | 8b       | ).         | \$          |               | 0.00  | \$        |        | N/A         | _               |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80       |            | \$          | (             | 0.00  | \$        |        | N/A         | -               |
|     | 8d.                |  | 80       |            | <b>\$</b> - |               | 0.00  | · \$_     |        | N/A         |                 |
|     | 8e.                | Social Security  | 8e       |            | <b>\$</b> - |               | 0.00  | ·         |        | N/A         | _               |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:          | e<br>8f. |            | \$          | (             | 0.00  | \$        |        | N/A         | -               |
|     | 8g.                | Pension or retirement income   | 8g       | J.         | \$          | (             | 0.00  | \$        |        | N/A         | _               |
|     | 8h.                | Other monthly income. Specify:   | 8h       | 1.+        | \$          | (             | 0.00  | + \$      |        | N/A         | _               |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | ;          | \$          | (             | 0.00  | \$_       |        | N/A         | 4               |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.  | 10.      | \$         |             | 2,175.99      | + \$  |           | N/A    | = \$        | 2,175.99        |
|     |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | · -        |             | _,            |       |           |        |             |                 |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe     |            |             |               |       | ·         |        | e J.<br>+\$ | 0.00            |
| 12. | Wri                | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certainlies  |          |            |             |               |       |           | 12.    | \$          | 2,175.99<br>ned |
| 13. | Do                 | you expect an increase or decrease within the year after you file this form  | ?        |            |             |               |       |           |        |             | ly income       |
|     | П                  | Yes. Explain:  |          |            |             |               |       |           |        |             |                 |

Schedule I: Your Income

page 2

Official Form 106I

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 40 of 61

| Fill       | in this information to identify your case:  |   |             |                   |                               |
|------------|---|---|-------------|-------------------|-------------------------------|
| Deb        | otor 1 Kara Lynn Warrior  |   | Che         | eck if this is:   |                               |
| Deh        | otor 2  | _                                       |             | An amended filing | ving postpetition chapter     |
|            | ouse, if filing)  |   |             | 13 expenses as of |                               |
| Unit       | ted States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAH  | HOMA                                    |             | MM / DD / YYYY    |                               |
| Cas        | se number   |   |             |                   |                               |
| (If k      | nown)   |   |             |                   |                               |
| O.         | fficial Form 106J   |   |             |                   |                               |
|            | chedule J: Your Expenses  |   |             |                   | 12/1                          |
| Be<br>info | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this<br>mber (if known). Answer every question.              |   |             |                   |                               |
| Par<br>1.  | t 1: Describe Your Household Is this a joint case?  |   |             |                   |                               |
|            | No. Go to line 2.   |   |             |                   |                               |
|            | ☐ Yes. Does Debtor 2 live in a separate household?  |   |             |                   |                               |
|            | ☐ No<br>☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>   | s for Separate Housel                   | nold of Deb | otor 2.           |                               |
| 2.         | Do you have dependents? ☐ No  |   |             |                   |                               |
|            | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relation Debtor 1 or Debtor |             | Dependent's age   | Does dependent live with you? |
|            | Do not state the  | 5 1.                                    |             |                   | □ No                          |
|            | dependents names.   | Daughter                                |             | _ 2               | ■ Yes<br>□ No                 |
|            |   | Daughter                                |             | 6                 | ■ Yes                         |
|            |   | Son                                     |             | 0                 | □ No                          |
|            |   | 3011                                    |             | _ 9               | ■ Yes<br>□ No                 |
|            |   | Husband                                 |             | 30                | ■ Yes                         |
| 3.         | Do your expenses include expenses of people other than yourself and your dependents?  |   |             |                   |                               |
| Est        | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. |   |             |                   |                               |
| the        | lude expenses paid for with non-cash government assistance is value of such assistance and have included it on Schedule I: Yificial Form 106I.)   |   |             | Your expo         | enses                         |
| 4.         | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.   | nclude first mortgage                   | 4.          | \$                | 550.00                        |
|            | If not included in line 4:  |   |             |                   |                               |
|            | 4a. Real estate taxes   |   | 4a.         | \$                | 0.00                          |
|            | 4b. Property, homeowner's, or renter's insurance  |   | 4b.         | \$                | 0.00                          |
|            | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues   |   | 4c.<br>4d.  | ·                 | 0.00                          |
| 5.         | Additional mortgage payments for your residence, such as ho   | me equity loans                         | 5.          | ·                 | 0.00                          |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 41 of 61

| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6c. S 125.00 6d. Other, Specify: 6c. S 200.00 6c. Tothing, laundry, and dry cleaning 7  | Debtor 1       | Kara Lyr      | nn Warrior  | Case num                                 | ber (if known) |                          |
|---|----------------|---------------|---|--|----------------|--------------------------|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6c. S 125.00 6d. Other, Specify: 6c. S 200.00 6c. Tothing, laundry, and dry cleaning 7  | 6. <b>Util</b> | ities:        |   |  |                |                          |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 125.00 6d. Other, Specify: 6d. \$ 0.00 6d. Other, Specify: 7. \$ 200.00 6d. Other, Specify: 8. \$ 200.00 6d. Childcare and children's education costs 8. \$ 200.00 6d. Childcare and children's education costs 8. \$ 200.00 6d. Childcare and children's education costs 8. \$ 200.00 6d. Childcare and children's education costs 8. \$ 200.00 6d. Childcare and children's education costs 9. \$ 5.00 10. \$ 0.00 10. \$ 0.00 11. \$ 0.00 12. \$ 0.00 13. Medical and dental expenses 11. \$ 0.00 14. \$ 0.00 15. Chartable contributions and religious donations 15. Chartable contributions and religious donations 16. Chartable contributions and religious donations 17. \$ 0.00 18. Life insurance 15. \$ 0.00 18. Life insurance 15. \$ 0.00 18. Life insurance 15. \$ 0.00 18. Chartable contributions and religious donations 18. Chartable contributions and religious donations 18. Life insurance 15. \$ 0.00 18. Life insurance 15. \$ 0.00 18. Life insurance 15. \$ 0.00 18. Chartable contributions and religious donations 18. \$ 0.00 19. On third insurance, specify: 15. \$ 0.00 19. Onto include insurance 15. \$ 0.00 19. Onto include insurance 15. \$ 0.00 19. Onto include insurance 15. \$ 0.00 19. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 19. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 19. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 19. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 19. Onto include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 19. Onto insurance, specify: 17. \$ 0.00 19. Other, Specify: 17. \$ 0.00 19. Other payments for Vehicle 1 17. \$ 0.00 19. Other payments for Vehicle 1 17. \$ 0.00 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). \$ 0.00 19. Other payments on other property 1   |                |               | heat natural das  | 62                                       | \$             | 200 00                   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. \$ 0.000  Food and housekeeping supplies 7. \$ 2000.00  Childcare and children's education costs 8. \$ 2000.00  Clothing, laundry, and dry cleaning 9. \$ 50.00  Personal care products and services 10. \$ 0.00  Personal care products and services 11. \$ 0.00  Transportation. Include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 2000.00  Charitable contributions and religious donations 13. \$ 0.00  Charitable contributions and religious donations 14. \$ 0.00  Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$ 0.00  15c. Vehicle insurance 15c. \$ 120.00  15d. Other insurance. Specify: 15d. Other insurance. Specify: 17d. Care payments for Vehicle 1 17h. Car payments for Vehicle 1 17h. Car payments for Vehicle 1 17h. Car payments for Vehicle 2 17h. Car payments for Vehicle 2 17h. Car payments for Vehicle 2 17h. Car payments for Vehicle 1 17h. Car payments for Vehicle 2 17h. Car payments for Vehicle 1 17h. Car payments for Vehicle 2 17h. Car payments of allimony, maintenance, and support that you did not report as deducted from your pay or included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Calculate your monthly expenses from line 22c above. 21c. Calculate your monthly expenses   |                | •             | · · · · · · · · · · · · · · · · · · ·                             |  |                |                          |
| 6d. Other, Specify:  Food and housekeeping supplies  Childcare and children's education costs  Clothing, laundry, and dry cleaning  Opersonal care products and services  10. \$ 5,000  Personal care products and services  11. \$ 0,000  Medical and dental expenses  Transportation, Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. O.00  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 1  17c. Other. Specify:  17d. Other. Specify:  190. Other payments or unine day on line 5, Schedule I, Your Income (Official Form 106I).  Nou payments or unine sund to support others who do not live with you.  Specify:  190. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20c. Maintenance, repair, and upkeep expenses  20d. Minenance, repair, and upkeep expenses  20d. Minenance, association or condominium dues  20e. Homeowner's association or condominium dues  20e. Homeowner's association or condominium dues  20e. Homeowner's association or condominium dues  21. **Sociation of the property  22c. Add lines 24 monthly expenses from line 22c above.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23c. Subtract your monthly expenses from line 22c above.  23d. Specify:  23d. Specify y  |                |               |   |  | : —            |                          |
| Food and housekeeping supplies   7. \$   200.00   |                | •             |   |  | ·              |                          |
| Childcare and children's education costs  |                |               |   |  | ·              |                          |
| Clothing, laundry, and dry cleaning   9, \$   50,00   |                |               |   |  | ·              |                          |
| 10.   Personal care products and services   10.   \$   0.00   |                |               |   |  |                |                          |
| Medical and dental expenses   |                | •             |   |  | ·              |                          |
| 2. Transportation. Include gas, maintenance, bus or train fare.   2   |                | •             |   |  | ·              |                          |
| Do not include car payments.  8. Entertainment, clubs, recreation, newspapers, magazines, and books  13. Set the contributions and religious donations  14. \$ 0.00  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. S 0.00  15c. Vehicle insurance  15c. Vehicle insurance specify:  15c. Vehicle insurance. Specify:  15d. S 0.00  15d. Other insurance. Specify:  16e. S 0.00  17d. On ont include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 1  17c. Other. Specify:  17c. Other. Specify:  17c. Other. Specify:  17c. Other. Specify:  17c. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18c. Specify:  19c. Other payments you make to support others who do not live with you.  19c. Other payments you make to support others who do not live with you.  19c. Other payments you make to support others who do not live with you.  19c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20c. S 0.00  20c. Property, homeowner's, or renter's insurance  20c. S 0.00  20d. Maintenance, repair, and upkeep expenses  20d. S 0.00  20d. Maintenance, repair, and upkeep expenses  22d. S 0.00  22c. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add lines 4 through 21.  22c. Add lines 22 and 22b. The result is your monthly expenses.  23d. S 2,106.00  23c. Subtract your monthly expenses from your monthly income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  23c. Subtract your monthly expenses from your monthly income.  23c. Subtract   |                |               | •   | 11.                                      | \$             | 0.00                     |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books  4. Charitable contributions and religious donations  5. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Life insurance  15c. Vehicle insurance  15d. Vehicle insurance, Specify:  15d. S. 120,00  15d. Vehicle insurance, Specify:  15d. S. 120,00  15d. Other insurance, Specify:  15d. S. 120,00  15d. Other insurance specify:  15d. S. 120,00  15d. Other insurance, Specify:  15d. S. 120,00  17d. Car payments for Vehicle 1  17a. S. 461,00  17b. Car payments for Vehicle 2  17b. S. 0.00  17c. Other. Specify:  17c. S. 0.00  17d. Other. Specify:  17d. S. 0.00  17d. Other. Specify:  17d. S. 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  9. Specify:  10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortages on other property  20a. S. 0.00  20b. Real estate taxes  20c. S. 0.00  20c. Property, homeower's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. S. 0.00  20d. Maintenance, repair, and upkeep expenses  22a. Add lines 4 through 21.  22b. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23c. Subtract your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Support monthly expenses from line 22c above.  23b. Subtract your monthly expenses from your monthly income.  15d. S. 0.00  17d. S. 0.00  18c. S. 0.00  19c. S. 0.00  10c.   |                |               |   | 12                                       | \$             | 200.00                   |
| A. Charitable contributions and religious donations   14. \$   0.00   |                |               |   |  |                |                          |
| Insurance   |                |               |   |  | ·              |                          |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   |                |               | u ibuuona anu rengioua uonauona                                   | 14.                                      | Ψ              | 0.00                     |
| 15a. Life insurance         15a. \$         0.00           15b. Health insurance         15b. \$         0.00           15c. Vehicle insurance         15c. \$         120.00           15d. Other insurance. Specify:         15d. \$         0.00           6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         specify:         16. \$         0.00           7. Installment or lease payments:         17a. Car payments for Vehicle 1         17a. \$         461.00           17b. Car payments for Vehicle 2         17b. \$         0.00           17c. Other. Specify:         17c. \$         0.00           17d. Other. Specify:         17c. \$         0.00           17d. Other. Specify:         17c. \$         0.00           17d. Other. Specify:         17d. \$         0.00           17d. Other specify:         17d. \$         0.00           17d. Other specify:         17d. \$         0.00           18. \$         0.00         0.00           19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i).         18. \$         0.00           19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.         20a. \$         0.00   | -              |               | osurance deducted from your pay or included in lines 4 or 20      |  |                |                          |
| 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance, Specify: 15d. Other insurance, Specify: 15d. Other insurance, Specify: 16. \$ 0.00 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Specify: 17c. \$ 0.00 17b. Car payments for Vehicle 2 17c. \$ 0.00 17d. Other, Specify: 17d. \$ 0.00 17d. Other, Specify: 17d. \$ 0.00 17d. Other, Specify: 17d. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20f. Other: Specify: 21. +\$ 0.00 21. Other: Specify: 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 22a and 22b. The result is your monthly expenses. 23a. Capy line 12 (your combined monthly income) from Schedule 1. 23a. \$ 2,106.00 23b. Calculate your monthly expenses from Both or Schedule 1. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income.  |                |               | , , ,   | 15a                                      | \$             | 0.00                     |
| 15c. Vehicle insurance   15c. S   120.00  |                |               |   |  | ·              |                          |
| 15d. Other insurance. Specify: 15d. Secretive:  |                |               |   |  | ·              |                          |
| Specify:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Specify:  18deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  19deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  19deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  19deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  19deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  20d. Mortgages on other property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.  20a. Mortgages on other property  20a. Specify:  20a. Specify:  20b. Specify:  20c. Specify:  20c. Specify:  20d. S  |                |               |   |  | · -            |                          |
| Specify:  |                |               |   | 130.                                     | Ψ              | 0.00                     |
| Installment or lease payments:   17a.   Car payments for Vehicle 1   17a.   \$   461.00     17b.   Car payments for Vehicle 2   17b.   \$   0.00     17c.   Other. Specify:   17c.   \$   0.00     17d.   Other. Specify:   17d.   \$   0.00     18.   Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   \$   0.00     19.   Other payments you make to support others who do not live with you.   \$   0.00     19.   Other payments you make to support others who do not live with you.   \$   0.00     20a.   Mortgages on other property   20a.   \$   0.00     20b.   Real estate taxes   20b.   \$   0.00     20c.   Property, homeowner's, or renter's insurance   20c.   \$   0.00     20d.   Maintenance, repair, and upkeep expenses   20d.   \$   0.00     20d.   Homeowner's association or condominium dues   20e.   \$   0.00     20d.   Other: Specify:   21.   +\$   0.00     20d.   Calculate your monthly expenses   22a. Add lines 4 through 21.   22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   22c. Add line 22a and 22b. The result is your monthly expenses.   \$   2,106.00     23a.   Copy line 12 (your combined monthly income) from Schedule I.   23a.   \$   2,175.99   23b.   Copy your monthly expenses from line 22c above.   23b.   \$   2,106.00     23c.   Subtract your monthly expenses from your monthly income.   The result is your monthly net income.   23c.   \$   69.99   |                |               | icidue taxes deducted from your pay or included in lines 4 of 20. | 16                                       | \$             | 0.00                     |
| 17a. Car payments for Vehicle 1       17a. \$ 461.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106).       18. \$ 0.00         9. Other payments you make to support others who do not live with you.       \$ 0.00         Specify:       19.         0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00         20e. Homeowner's association or condominium dues       20e. \$ 0.00         2. Calculate your monthly expenses       21. +\$ 0.00         2. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2       \$ 2,106.00         22c. Add line 22a and 22b. The result is your monthly expenses.       \$ 2,106.00         3. Calculate your monthly net income.       23a. \$ 2,175.99         23b. Copy your monthly expenses  |                |               | ease nayments:  |  | Ψ              | 0.00                     |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Specify: 17d. \$ 0.00 17d. Specify: 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18deducted from yo   |                |               |   | 17a                                      | \$             | 461.00                   |
| 17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         8 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18. \$ 0.00         9 Other payments you make to support others who do not live with you.       \$ 0.00         9 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       19.         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20c. Property, homeowner's or renter's insurance       20c. \$ 0.00         20c. Homeowner's association or condominium dues       20e. \$ 0.00         20e. Homeowner's association or condominium dues       20e. \$ 0.00         20c. Scalculate your monthly expenses       22a. Add lines 4 through 21.       \$ 2,106.00         22c. Add line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2       \$ 2,106.00         23a. Copy line 12 (your combined monthly income)       \$ 2,175.99         23b. Copy your monthly expenses from line 22c above.       23a. \$ 2,175.99         23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.       23c. \$ 69.99   |                |               |   |  | · -            |                          |
| 17d. Other. Specify:  17d. Other specify:  17d. \$ 0.00  Nor payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  Other payments you make to support others who do not live with you.  Specify:  19.  19.  19.  19.  10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,175.99 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.   |                |               |   |  | ·              |                          |
| A Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify:  21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,175.99 23b. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.  |                |               |   |  | ·              |                          |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,175.99 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  |                |               | ·   |  | Ψ              | 0.00                     |
| 9. Other payments you make to support others who do not live with you.  Specify:  19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. S 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20e. Homeowner's association or condominium dues 20e. \$ 0.00  1. Other: Specify:  21. +\$ 0.00  22a. Add lines 4 through 21. \$ 2,106.00  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 2.106.00  23c. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,175.99  23b. Copy your monthly expenses from line 22c above. 23c. \$ 69.99  |                |               |   |  | \$             | 0.00                     |
| Specify:  | 9. <b>Oth</b>  | er pavment    | s you make to support others who do not live with you.            | •  |                | 0.00                     |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  |                |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           | 19.                                      | ·              | 0.00                     |
| 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  20f. Other: Specify: 21. +\$ 0.00  22e. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.   |                | · —           | erty expenses not included in lines 4 or 5 of this form or on Sch |  | our Income.    |                          |
| 20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  21. Other: Specify:  21. +\$  0.00  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$  2,175.99  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.   |                |               |   |  |                | 0.00                     |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 1. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00 21c. \$ 0.00 22c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 0.00 25c. \$ 0.00 26c. \$ 0.00 27c. \$ 0.0 |                |               |   |  |                |                          |
| 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 0.00  1. Other: Specify: 21. +\$ 0.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b\$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  |                |               |   |  | ·              |                          |
| 20e. Homeowner's association or condominium dues  20e. \$ 0.00  1. Other: Specify:  21. +\$ 0.00  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy your monthly expenses from line 22c above.  23b\$ 2,106.00  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.   |                |               |   |  | : —            |                          |
| 1. Other: Specify:  2. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above.  23b\$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  |                |               |   |  | ·              |                          |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.   |                |               | ici 3 association of condominant ducs                             |  | ·              |                          |
| 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 2,106.00  23c. \$ 2,106.00  \$ 23d. \$ 2,175.99  23c. \$ 69.99  | ı. Oth         | er. Specify:  |   |  | <b>Τ</b> Φ     | 0.00                     |
| 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 2,106.00  23c. \$ 2,106.00  23c. \$ 69.99   | 2. <b>Cal</b>  | culate your   | monthly expenses  |  |                |                          |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 69.99   |                |               |   |  | \$             | 2,106.00                 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  Solution 22a and 22b. The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23b\$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 69.99  |                |               | <del>-</del>  |  |                | ,                        |
| 3. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 2,175.99  23d. \$ 2,106.00  23c. \$ 69.99  |                |               |   |  | \$             | 2 106 00                 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 2,175.99  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 69.99   | 220            | 22            | a and 222. The result to your monthly expenses.                   |  |                | 2,100.00                 |
| 23b. Copy your monthly expenses from line 22c above.  23b\$ 2,106.00  23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  23c. \$ 69.99   |                | -             | •   |  |                |                          |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ 69.99  | 23a            | . Copy line   | 12 (your combined monthly income) from Schedule I.                | 23a.                                     | \$             | 2,175.99                 |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ 69.99  | 23b            | . Copy you    | r monthly expenses from line 22c above.                           | 23b.                                     | -\$            |                          |
| The result is your <i>monthly net income</i> . 23c. \\$ 69.99   |                |               |   |  |                |                          |
| The result is your <i>monainy net income</i> .  | 23c            |               |   | 22                                       | œ.             | 60.00                    |
| 4. Do you consist an increase on decrease in your consenses within the year often you file this forms?  |                | The result    | t is your monthly net income.                                     | 23c.                                     | Ф              | 69.99                    |
| 4. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of modification to the terms of your mortgage?   | For            | example, do y |   |  |                | or decrease because of a |
| ■ No.   | 1              | No.           |   |  |                |                          |
| ☐ Yes. Explain here: Husband has not had steady employment in over a year.  |                |               | Fundain have Unichand has not had stoody ampleyers and in a       | (0,0,0,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0 |                |                          |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 42 of 61

| Fill in this inform | mation to identify your       | case:                      |                              |                                    |                        |
|---------------------|-------------------------------|----------------------------|------------------------------|------------------------------------|------------------------|
| Debtor 1            |                               |                            |                              |                                    |                        |
| Debior 1            | Kara Lynn Warrior First Name  | Middle Name                | Last Name                    |                                    |                        |
| Debtor 2            |                               |                            |                              |                                    |                        |
| (Spouse if, filing) | First Name                    | Middle Name                | Last Name                    |                                    |                        |
| United States Ba    | ankruptcy Court for the:      | WESTERN DISTRICT C         | OF OKLAHOMA                  |                                    |                        |
| Case number _       |                               |                            |                              |                                    |                        |
| (if known)          |                               |                            |                              |                                    | Check if this is an    |
|                     |                               |                            |                              |                                    | amended filing         |
|                     |                               |                            |                              |                                    |                        |
| Official Forn       | n 106Dec                      |                            |                              |                                    |                        |
| Declarat            | ion About a                   | n Individual               | <b>Debtor's Sc</b>           | hedules                            | 12/15                  |
|                     |                               |                            |                              |                                    |                        |
| f two married pe    | eople are filing together     | r, both are equally respon | nsible for supplying corr    | ect information.                   |                        |
| You must file this  | s form whenever you fi        | le bankruptcy schedules    | or amended schedules.        | . Making a false statement, cond   | cealing property, or   |
| obtaining money     | or property by fraud ir       | n connection with a bank   |                              | n fines up to \$250,000, or impris |                        |
| years, or both. 1   | 8 U.S.C. §§ 152, 1341, 1      | 519, and 3571.             |                              |                                    |                        |
|                     |                               |                            |                              |                                    |                        |
| Sign                | n Below                       |                            |                              |                                    |                        |
| Did you pa          | y or agree to pay some        | one who is NOT an attor    | ney to help you fill out b   | ankruptcy forms?                   |                        |
| ■ No                |                               |                            |                              |                                    |                        |
| □ Yes N             | Name of person                |                            |                              | Attach Bankruptcy Peti             | tion Prenarer's Notice |
|                     |                               |                            |                              | Declaration, and Signat            |                        |
|                     |                               |                            |                              | _                                  |                        |
| Under nena          | lty of pariury I declare      | that I have read the sum   | mary and schedules file      | d with this declaration and        |                        |
|                     | e true and correct.           | mat i nave reau me sum     | ilially allu schedules illet | a with this declaration and        |                        |
|                     |                               |                            |                              |                                    |                        |
|                     | a Lynn Warrior                |                            | X Cignoture of               | Dobtor 2                           |                        |
|                     | ynn Warrior<br>re of Debtor 1 |                            | Signature of                 | Deptor 2                           |                        |
| Oigilatui           | TO ST DODIOT 1                |                            |                              |                                    |                        |
| Date (              | October 23, 2019              |                            | Date                         |                                    |                        |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 43 of 61

|                  | 41                 |  |  |  |  |   |
|------------------|--------------------|--|--|--|--|---|
|                  |                    | ation to identify you                      |  |  |  |   |
| Debto            | or 1               | Kara Lynn Warrio                           | Middle Name                                | Last Name  |  |   |
| Debto            | r 2                |  |  |  |  |   |
| (Spouse          | e if, filing)      | First Name                                 | Middle Name                                | Last Name  |  |   |
| United           | d States Banl      | kruptcy Court for the:                     | WESTERN DISTRICT O                         | F OKLAHOMA   |  |   |
| Case<br>(if know | number             |  |  |  | _  | Check if this is an amended filing                    |
|                  | cial For           |  | Affairs for Indivi                         | duals Filing for E   | Bankruptcy   | 4/19  |
| inform           | er (if known)      | re space is needed,<br>. Answer every ques | attach a separate sheet to                 | this form. On the top of ar  | e equally responsible for sup<br>y additional pages, write yo    |   |
|                  |                    | current marital statu                      |  | u 1170u 201010   |  |   |
|                  | Married Not marri  | ed   |  |  |  |   |
| 2. D             | uring the las      | st 3 years, have you                       | lived anywhere other than                  | where you live now?  |  |   |
|                  | No Yes. List       | all of the places you I                    | ived in the last 3 years. Do r             | not include where you live no  | w.   |   |
| I                | Debtor 1 Price     | or Address:                                | Dates Debtor 1 lived there                 | Debtor 2 Prior A   | ddress:  | Dates Debtor 2<br>lived there                         |
|                  |                    |  |  |  | nity property state or territor<br>Rico, Texas, Washington and \ |   |
|                  | ■ No<br>] Yes. Mak | e sure you fill out <i>Sch</i>             | nedule H: Your Codebtors (C                | Official Form 106H).   |  |   |
| Part 2           | Explain            | the Sources of You                         | r Income                                   |  |  |   |
| F                | ill in the total   | amount of income yo                        | u received from all jobs and               | ng a business during this y<br>all businesses, including par<br>re together, list it only once u |  | endar years?  |
|                  |                    | n the details.                             |  |  |  |   |
|                  |                    |  | Debtor 1                                   |  | Debtor 2   |   |
|                  |                    |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions) |
|                  |                    | f current year until<br>for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$22,168.00  | ☐ Wages, commissions, bonuses, tips                              |   |
|                  |                    |  | ☐ Operating a business                     |  | ☐ Operating a business   |   |

Debtor 1 Kara Lynn Warrior Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$35,290.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$37,533.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Case: 19-14332

Doc: 1

Filed: 10/23/19

Page: 44 of 61

| Creditor's Name and Address  | Dates of payment   | Total amount paid | Amount you<br>still owe | Was this payment for  |
|--|--|-------------------|-------------------------|---|
| WEOKIE Federal Credit Union<br>Attn: Bankruptcy<br>Po Box 26090<br>Oklahoma City, OK 73126 | Monthly payment<br>for Dodge Journey<br>made on or around<br>the first. 8/1/19,<br>9/1/19 and 10/1/19<br>: \$461/month | \$1,383.00        | \$23,586.00             | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |

| Deb | otor 1 Kara Lynn Warrior  |   | Cas   | se number (if known)                        |                                   |  |
|-----|---|---|---|---|-----------------------------------|--|
|     |   |   |   |   |                                   |  |
| 7.  | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person is a business you operate as a sole proprietor. alimony. | partners; relatives of any ge<br>n control, or owner of 20% | neral partners; partne<br>or more of their voting | erships of which yo<br>g securities; and ar | u are a general<br>ny managing ag | l partner; corporations<br>gent, including one for |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |   |   |   |                                   |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                        | Reason for t                      | this payment                                       |
| 8.  | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co  |   | yments or transfer a                              | any property on a                           | count of a de                     | bt that benefited an                               |
|     | ■ No  |   |   |   |                                   |  |
|     | ☐ Yes. List all payments to an insider  Insider's Name and Address  | Dates of payment  | Total amount                                      | Amount you                                  |                                   | his payment  |
|     |   |   | paid  | still owe                                   | Include credit                    | tor's name   |
| Par | t 4: Identify Legal Actions, Repossessic  | ns, and Foreclosures  |   |   |                                   |  |
| 9.  | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |   |   |   |                                   |  |
|     | Case title Case number  | Nature of the case  | Court or agency                                   |   | Status of the                     | e case   |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo   |   | perty repossessed, f                              | oreclosed, garnis                           | hed, attached                     | , seized, or levied?                               |
|     | ■ No. Go to line 11. □ Yes. Fill in the information below.  |   |   |   |                                   |  |
|     | Creditor Name and Address   | Describe the Property                                       |   | Date  |                                   | Value of the                                       |
|     |   | Explain what happene  | ed  |   |                                   | property   |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  |   | cluding a bank or fir                             | nancial institution                         | , set off any aı                  | mounts from your                                   |
|     | Yes. Fill in the details.   | Becaute the extra th  |   | Dete  | 43                                | A  |
|     | Creditor Name and Address   | Describe the action th                                      | e creditor took                                   | taken                                       | action was                        | Amount   |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  |   | erty in the possess                               | ion of an assigne                           | e for the benef                   | fit of creditors, a                                |
|     | ■ No<br>□ Yes   |   |   |   |                                   |  |
| Par | t 5: List Certain Gifts and Contributions   | 1   |   |   |                                   |  |
| 13. | Within 2 years before you filed for bankru ■ No   | ptcy, did you give any gif                                  | ts with a total value                             | of more than \$60                           | 0 per person?                     |  |
|     | ☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person.  | Describe the gifts  | 5   |   | s you gave                        | Value  |
|     | per person  Person to Whom You Gave the Gift and  |   |   | the gi                                      | 113                               |  |
|     | Address:  |   |   |   |                                   |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 45 of 61

| Deb  | tor 1 Kara Lynn Warrior  |                      |  | Case number (   | if known)                                |                           |
|--|--|----------------------|--|-----------------|--|---------------------------|
| 14.  | Within 2 years before you filed for bank ■ No  | ruptcy, d            | lid you give any gifts or contribution   | ns with a total | value of more than                       | \$600 to any charity?     |
|  | ☐ Yes. Fill in the details for each gift or  | contributi           | on.  |                 |  |                           |
|  | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo   | total                | Describe what you contributed  |                 | Dates you contributed                    | Value                     |
| Par  | 6: List Certain Losses   |                      |  |                 |  |                           |
| 15.  | Within 1 year before you filed for bankroor gambling?  | uptcy or             | since you filed for bankruptcy, did  | you lose anytl  | ning because of the                      | ft, fire, other disaster, |
|  | ■ No □ Yes. Fill in the details.   |                      |  |                 |  |                           |
|  | Describe the property you lost and how the loss occurred   | Include              | be any insurance coverage for the I the amount that insurance has paid. I ace claims on line 33 of Schedule A/B: | List pending    | Date of your loss                        | Value of property lost    |
| Par  | 17: List Certain Payments or Transfer  |                      |  |                 |  |                           |
| 16. Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared No |  | preparir             | ng a bankruptcy petition?  |                 | , , ,                                    | rty to anyone you         |
|  | Yes. Fill in the details.  |                      |  |                 |  |                           |
|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not  | You                  | Description and value of any property transferred  |                 | Date payment<br>or transfer was<br>made  | Amount of payment         |
|  | Stevenson-Kim Alarkon PLLC<br>1415 NW 43rd St<br>Oklahoma City, OK 73118<br>info@skafirm.com   |                      | Attorney Fees, filing fee, credit report and case costs  |                 | 10/23/19 and<br>10/9/19                  | \$1,400.00                |
|  | Debtorcc.org   |                      | Credit counseling certificate  |                 | 10/9/19                                  | \$14.95                   |
|  | Within 1 year before you filed for bankre promised to help you deal with your cred to not include any payment or transfer that the last of | ditors o             | r to make payments to your creditor  |                 | r transfer any prope                     | rty to anyone who         |
|  | Person Who Was Paid<br>Address   |                      | Description and value of any prop<br>transferred   | perty           | Date payment<br>or transfer was<br>made  | Amount of payment         |
|  | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al  No Yes. Fill in the details.  | ur busin<br>s made a | ess or financial affairs? as security (such as the granting of a s   |                 |  |                           |
|  | Person Who Received Transfer Address   |                      | Description and value of property transferred  |                 | nny property or received or debts change | Date transfer was made    |
|  | Person's relationship to you   |                      |  |                 |  |                           |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 46 of 61

Case number (if known) Debtor 1 Kara Lynn Warrior 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ☐ Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Date account was Last balance Type of account or Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred Mid-First Bank **XXXX-3184** 8/23/19 \$0.00 Checking 2225 N May ☐ Savings Oklahoma City, OK 73107 ■ Money Market □ Brokerage Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. п Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No ☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code)

Filed: 10/23/19

Page: 47 of 61

Doc: 1

Case: 19-14332

Debtor 1 Kara Lynn Warrior

Case number (if known)

| Pal | τ 10:   | Give Details About Environmental Information   | tion   |         |                                     |                       |
|-----|---------|--|--|---------|-------------------------------------|-----------------------|
| For | the pu  | rpose of Part 10, the following definitions a  | pply:  |         |                                     |                       |
|     | toxic   | onmental law means any federal, state, or le<br>substances, wastes, or material into the air<br>ations controlling the cleanup of these sub- | , land, soil, surface water, grou  | _       | • •                                 |                       |
|     |         | neans any location, facility, or property as on, operate, or utilize it, including disposal s  |  | ıl law, | whether you now own, operate, o     | or utilize it or used |
|     |         | dous material means anything an environn<br>dous material, pollutant, contaminant, or si   |  | us wa   | ste, hazardous substance, toxic s   | substance,            |
| Rep | ort all | notices, releases, and proceedings that you  | u know about, regardless of who  | en the  | ey occurred.                        |                       |
| 24. | Has a   | ny governmental unit notified you that you   | may be liable or potentially liab  | le und  | der or in violation of an environme | ental law?            |
|     |         | No<br>′es. Fill in the details.  |  |         |                                     |                       |
|     |         | e of site ess (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice        |
| 25. | Have    | you notified any governmental unit of any r  | release of hazardous material?   |         |                                     |                       |
|     | _       | lo<br>′es. Fill in the details.  |  |         |                                     |                       |
|     |         | e of site<br>less (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice        |
| 26. | Have    | you been a party in any judicial or administ   | rative proceeding under any en   | viron   | mental law? Include settlements a   | and orders.           |
|     |         | No<br>Yes. Fill in the details.  |  |         |                                     |                       |
|     |         | Title<br>Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na      | ture of the case                    | Status of the case    |
| Pai | rt 11:  | Give Details About Your Business or Conn   | ections to Any Business  |         |                                     |                       |
| 27. | Withir  | n 4 years before you filed for bankruptcy, d   | id you own a business or have a  | any of  | the following connections to any    | business?             |
|     |         | ☐ A sole proprietor or self-employed in a tr   | ade, profession, or other activity                                       | y, eith | er full-time or part-time           |                       |
|     | [       | ☐ A member of a limited liability company (  | LLC) or limited liability partners                                       | ship (L | .LP)                                |                       |
|     |         | ☐ A partner in a partnership   |  |         |                                     |                       |
|     |         | ☐ An officer, director, or managing executi  | ve of a corporation  |         |                                     |                       |
|     |         | ☐ An owner of at least 5% of the voting or €   | equity securities of a corporation                                       | n       |                                     |                       |
|     |         |  |  |         |                                     |                       |

**Business Name** 

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

**Employer Identification number** 

Dates business existed

Do not include Social Security number or ITIN.

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 49 of 61 Case number (if known) Debtor 1 Kara Lynn Warrior 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kara Lynn Warrior Signature of Debtor 2 Kara Lynn Warrior Signature of Debtor 1 Date October 23, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 50 of 61

| Fill in this infor              | mation to identify your                       | case:                 |   |                                       |
|---------------------------------|---|-----------------------|---|---------------------------------------|
| Debtor 1                        | Kara Lynn Warrior                             |                       |   |                                       |
|                                 | First Name                                    | Middle Name           | Last Name   |                                       |
| Debtor 2<br>(Spouse if, filing) | First Name                                    | Middle Name           | Last Name   |                                       |
|                                 |   |                       |   |                                       |
| United States Ba                | ankruptcy Court for the:                      | WESTERN DIST          | RICT OF OKLAHOMA  |                                       |
| Case number                     |   |                       |   |                                       |
| (if known)                      |   |                       |   | Check if this is an                   |
|                                 |   |                       |   | amended filing                        |
|                                 |   |                       |   |                                       |
| Official Fo                     | rm 108  |                       |   |                                       |
| Stateme                         | nt of Intentio                                | n for Indiv           | riduals Filing Under Chapt  | ter 7                                 |
|                                 |   |                       | Tada Timig Ondor Ondo   |                                       |
| If you are an ind               | ividual filing under cha                      | pter 7, you must fil  | I out this form if:   |                                       |
| creditors have                  | e claims secured by yo                        | ur property, or       |   |                                       |
|                                 | sed personal property a                       |                       |   |                                       |
|                                 |   |                       | you file your bankruptcy petition or by the date e time for cause. You must also send copies to |                                       |
| on the                          |   | ie court exterius tri | e time for cause. You must also send copies to  | ine creditors and lessors you list    |
| If two married n                | oonlo ara filing tagatha                      | r in a joint agaa ha  | th are equally recognished for cumplying correct  | information Both debtors must         |
|                                 | eople are filing togethe<br>nd date the form. | r in a joint case, bo | th are equally responsible for supplying correct  | information. Both debtors must        |
| Do oo oomulata                  | and accurate as passib                        | la If mara anasa is   | needed ettech a concrete about to this form.  | n the ten of any additional name      |
|                                 | our name and case nu                          |                       | s needed, attach a separate sheet to this form. O   | n the top of any additional pages,    |
|                                 |   | ,                     |   |                                       |
| Part 1: List Y                  | our Creditors Who Hav                         | e Secured Claims      |   |                                       |
| 1. For any credit               | tors that you listed in P                     | art 1 of Schedule D   | : Creditors Who Have Claims Secured by Prope  | rty (Official Form 106D), fill in the |
| information b                   | elow.<br>editor and the property t            | hat is collateral     | What do you intend to do with the property th   | at Did you claim the property         |
| identity the of                 | canor and the property t                      | nat is conateral      | secures a debt?   | as exempt on Schedule C?              |
|                                 |   |                       |   |                                       |
| Creditor's S                    | Santander Consumer I                          | 19.1                  | <b>=</b>  | <b>=</b>                              |
| name:                           | bantanuel Consumer t                          | JOA                   | Surrender the property.   | ■ No                                  |
| name.                           |   |                       | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a                     | ☐ Yes                                 |
| Description of                  | 2018 Dodge Journe                             | y unknown             | Reaffirmation Agreement.  |                                       |
| property                        | miles   |                       | ☐ Retain the property and [explain]:  |                                       |
| securing debt                   | : Kara Warrior's siste<br>is the co owner/ co |                       |   |                                       |
|                                 | Dodge Journey. Ms                             |                       |   |                                       |
|                                 | possession of this v                          |                       |   |                                       |
|                                 | Kara Warrior, has r                           |                       |   |                                       |
|                                 | possession of the v                           | ehicle, but the       |   |                                       |
|                                 | agreement                                     |                       |   | <del></del>                           |
|                                 |   |                       |   |                                       |
| Creditor's \                    | VEOKIE Federal Cred                           | it Union              | ☐ Surrender the property.   | □ No                                  |
| name:                           |   |                       | ☐ Retain the property and redeem it.  | <u>_</u>                              |
| Description of                  | 2018 Dodge Journe                             | w 20500 miles         | Retain the property and enter into a  | Yes                                   |
| property                        | VIN# 3C4PDCAB0                                |                       | Reaffirmation Agreement.  |                                       |
| securing debt                   | Location: 1828 Cyp                            |                       | ■ Retain the property and [explain]:  |                                       |
| ccca.mg dobt                    | Reno OK 73036                                 |                       | Continue to timely pay  |                                       |
|                                 | NADA value used                               |                       | continuo to timoty pay  |                                       |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 51 of 61

| Debtor 1              | Kara Lynn Warrior                               | Case number (if known)  |
|-----------------------|---|---|
|                       |   |   |
|                       | List Your Unexpired Personal Property Le        | eases listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill |
| in the info           | ormation below. Do not list real estate lease   | es. Unexpired leases are leases that are still in effect; the lease period has not yet ended.   |
| You may               | assume an unexpired personal property lea       | ase if the trustee does not assume it. 11 U.S.C. § 365(p)(2).                                   |
| Describe              | your unexpired personal property leases         | Will the lease be assumed?  |
| Lessor's              | name:   | □ No  |
| Descripti             | on of leased                                    | LI NO   |
| Property:             |   | ☐ Yes   |
| Lessor's              |   | □ No  |
| Description Property: | on of leased                                    | ☐ Yes   |
| r roporty.            |   | □ res   |
| Lessor's              |   | □ No  |
| Property:             | on of leased<br>:                               | ☐ Yes   |
|                       |   |   |
| Lessor's              | name:<br>on of leased                           | □ No  |
| Property:             |   | ☐ Yes   |
| Lessor's              | nama:   |   |
|                       | on of leased                                    | □ No  |
| Property:             |   | ☐ Yes   |
| Lessor's              | name:   | □ No  |
|                       | on of leased                                    |   |
| Property:             |   | ☐ Yes   |
| Lessor's              |   | □ No  |
| Description Property: | on of leased                                    |   |
| . roporty.            |   | ☐ Yes   |
| Part 3:               | Sign Below                                      |   |
| Under pe              | nalty of periury. I declare that I have indicat | ted my intention about any property of my estate that secures a debt and any personal           |
| property              | that is subject to an unexpired lease.          | ,   |
| <b>X</b> /s/ I        | Kara Lynn Warrior                               | X   |
| Kara Lynn Warrior     |   | Signature of Debtor 2   |
| Sigr                  | nature of Debtor 1                              |   |
| Date                  | e October 23, 2019                              | Date  |
|                       | <u> </u>  |   |
|                       |   |   |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 52 of 61

| Fill in this i                             | nformation to identify your case:   |  |                                      |                     |                           | irected in                   | this form and in                        | Form                        |
|--|---|--|--------------------------------------|---------------------|---------------------------|------------------------------|---|-----------------------------|
| Debtor 1                                   | Kara Lynn Warrior   |  | 122                                  | 2A-1S               | nbb:                      |                              |   |                             |
| Debtor 2<br>(Spouse, if filing             | ng)   |  | _     '                              | ■ 1. T              | here is no pres           | umption o                    | of abuse                                |                             |
| United Sta                                 | tes Bankruptcy Court for the: Western District o  | f Oklahoma                                   | _     '                              | ;                   | applies will be m         | nade unde                    | ne if a presumpter Chapter 7 Me         |                             |
| Case num<br>(if known)                     | ber   |  | $-\mid \mid \mid$                    | □ з. т              |                           | does not                     | apply now beca<br>but it could apply    |                             |
|  |   |  |                                      |                     | eck if this is a          |                              |   | y later.                    |
| Officia                                    | l Form 122A - 1   |  |                                      |                     | cok ii tilis is a         | ii airieric                  | ied ming                                |                             |
|  | er 7 Statement of Your Cur  | rent Mont                                    | hly Inc                              | ٥m                  | <b>_</b>                  |                              |   | 10/19                       |
| attach a sep<br>case numbe<br>qualifying m | lete and accurate as possible. If two married people a<br>arate sheet to this form. Include the line number to w<br>r (if known). If you believe that you are exempted fro<br>illitary service, complete and file Statement of Exemp                        | hich the additional<br>m a presumption of    | information a<br>abuse becau         | pplies<br>se you    | On the top of ar          | ny addition<br>narily cons   | nal pages, write y<br>sumer debts or b  | your name and<br>because of |
| Part 1:                                    | Calculate Your Current Monthly Income   |  |                                      |                     |                           |                              |   |                             |
| _  | is your marital and filing status? Check one or   | nly.   |                                      |                     |                           |                              |   |                             |
|  | ot married. Fill out Column A, lines 2-11.  |  |                                      |                     |                           |                              |   |                             |
| _  | arried and your spouse is filing with you. Fill ou  |  |                                      | 2-11.               |                           |                              |   |                             |
| ■ Ma                                       | arried and your spouse is NOT filing with you.  | You and your sp                              | ouse are:                            |                     |                           |                              |   |                             |
|  | Living in the same household and are not lega   | illy separated. Fil                          | out both Co                          | lumns               | A and B, lines 2          | 2-11.                        |   |                             |
|  | <b>Living separately or are legally separated.</b> Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading  | egally separated u                           | nder nonban                          | krupto              | y law that applie         | es or that                   |   |                             |
| 101(10A)<br>the 6 mo                       | e average monthly income that you received from all<br>b. For example, if you are filing on September 15, the 6-m<br>on this, add the income for all 6 months and divide the total<br>own the same rental property, put the income from that p              | onth period would be by 6. Fill in the resul | e March 1 throut.  t. Do not include | ugh Auq<br>de any i | gust 31. If the amount me | unt of your<br>ore than or   | r monthly income v<br>nce. For example, | varied during<br>if both    |
|  |   |  |                                      | Colur<br>Debt       |                           | Column<br>Debtor<br>non-fili |   |                             |
|  | gross wages, salary, tips, bonuses, overtime, ill deductions).  | and commission                               | s (before all                        | \$                  | 3,367.83                  | \$                           | 0.00                                    |                             |
|  | ony and maintenance payments. Do not include nn B is filled in.   | payments from a                              | spouse if                            | \$                  | 0.00                      | \$                           | 0.00                                    |                             |
| of yo<br>from a<br>and re                  | mounts from any source which are regularly pa<br>u or your dependents, including child support<br>an unmarried partner, members of your household<br>commates. Include regular contributions from a sp<br>in. Do not include payments you listed on line 3. | Include regular cod, your dependents         | ontributions<br>s, parents,          | \$                  | 0.00                      | \$                           | 0.00                                    |                             |
| 5. Net i                                   | ncome from operating a business, profession,  | or farm                                      |                                      |                     |                           |                              |   |                             |
|  |   | Debto  | r 1                                  |                     |                           |                              |   |                             |
|  | s receipts (before all deductions)  | \$ 0.00                                      |                                      |                     |                           |                              |   |                             |
|  | ary and necessary operating expenses  | -\$ 0.00                                     | ony horo                             | φ                   | 0.00                      | \$                           | 0.00                                    |                             |
|  | nonthly income from a business, profession, or far  | m \$0.00_ C                                  | opy here ->                          | Ф                   | 0.00                      | Φ                            | 0.00                                    |                             |
| 6. Net ii                                  | ncome from rental and other real property   | Debto  | r 1                                  |                     |                           |                              |   |                             |
| C***                                       | a receipte (hetere all deductions)  | \$ 0.00                                      |                                      |                     |                           |                              |   |                             |
|  | s receipts (before all deductions) ary and necessary operating expenses   | -\$ 0.00                                     |                                      |                     |                           |                              |   |                             |
|  | nonthly income from rental or other real property   | ·  | opy here ->                          | \$                  | 0.00                      | \$                           | 0.00                                    |                             |
|  | , , , ,   | Ψ  |                                      | \$<br>              | 0.00                      | \$                           | 0.00                                    |                             |
| /. intere                                  | est, dividends, and royalties   |  |                                      | Ψ                   | 0.00                      |                              |   |                             |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 53 of 61

Case number (if known)

|      |   |   | Column A Debtor 1 |             | Column B Debtor 2 o non-filing |   |          |
|------|---|---|-------------------|-------------|--------------------------------|---|----------|
| 8.   | Unemployment compensation   |   | \$                | 0.00        | \$                             | 0.00  |          |
|      | Do not enter the amount if you contend that the amount received was a be the Social Security Act. Instead, list it here:  | enefit under  |                   |             |                                |   |          |
|      | For you\$   | 0.00  |                   |             |                                |   |          |
|      | For your spouse\$   | 0.00  |                   |             |                                |   |          |
| 9.   | Pension or retirement income. Do not include any amount received that benefit under the Social Security Act. Also, except as stated in the next se not include any compensation, pension, pay, annuity, or allowance paid by United States Government in connection with a disability, combat-related i disability, or death of a member of the uniformed services. If you received pay paid under chapter 61 of title 10, then include that pay only to the externor does not exceed the amount of retired pay to which you would otherwise be if retired under any provision of title 10 other than chapter 61 of that title. | entence, do<br>y the<br>injury or<br>any retired<br>ent that it | \$                | 0.00        | \$                             | 0.00  |          |
| 10   | Income from all other sources not listed above. Specify the source and  |   |                   |             |                                |   |          |
|      | Do not include any benefits received under the Social Security Act; payme received as a victim of a war crime, a crime against humanity, or internation domestic terrorism; or compensation, pension, pay, annuity, or allowance united States Government in connection with a disability, combat-related in disability, or death of a member of the uniformed services. If necessary, list sources on a separate page and put the total below.   | onal or<br>paid by the<br>injury or                             |                   |             |                                |   |          |
|      | ·   |   | \$                | 0.00        | \$                             | 0.00  |          |
|      | Total annuals for a second as a second for a  |   | \$                | 0.00        | \$                             | 0.00  |          |
|      | Total amounts from separate pages, if any.  | +   | \$                | 0.00        | \$                             | 0.00  |          |
| 11   | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Determine Whether the Means Test Applies to You  | r \$  | 3,367.83          | + \$        | 0.00                           |   | 3,367.83 |
| 40   | Calculate your august monthly income for the year Fallow these stars  |   |                   |             |                                |   |          |
| 12   | Calculate your current monthly income for the year. Follow these steps  12a. Copy your total current monthly income from line 11  |   | Сор               | y line 11 l | nere=>                         | \$  | 3,367.83 |
|      | Multiply by 12 (the number of months in a year)   |   |                   |             |                                | x 1   | 2        |
|      | 12b. The result is your annual income for this part of the form   |   |                   |             | 12b                            | » \$ <u>       4                             </u> | 0,413.96 |
| 13   | Calculate the median family income that applies to you. Follow these s  | steps:  |                   |             |                                |   |          |
|      | Fill in the state in which you live.  OK  |   |                   |             |                                |   |          |
|      | Fill in the number of people in your household.   |   |                   |             |                                |   |          |
|      | Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the lin for this form. This list may also be available at the bankruptcy clerk's office   |   | in the separ      | ate instruc | 13.<br>tions                   | \$8   | 3,341.00 |
| 14   | How do the lines compare?   |   |                   |             |                                |   |          |
|      | 14a. Line 12b is less than or equal to line 13. On the top of page 1 Go to Part 3.  | , check box   | 1, There is       | no presum   | nption of abus                 | se.   |          |
|      | 14b.  Line 12b is more than line 13. On the top of page 1, check bo Go to Part 3 and fill out Form 122A-2.  | ox 2, The pre   | esumption o       | f abuse is  | determined b                   | y Form 12   | 2A-2.    |
| Part | 3: Sign Below   |   |                   |             |                                |   |          |
|      | By signing here, I declare under penalty of perjury that the information  | n on this sta   | atement and       | in any atta | achments is to                 | rue and co  | rrect.   |
|      | X /s/ Kara Lynn Warrior   |   |                   |             |                                |   |          |
|      | Kara Lynn Warrior   |   |                   |             |                                |   |          |
|      | Signature of Debtor 1   |   |                   |             |                                |   |          |

Kara Lynn Warrior

Debtor 1

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 54 of 61

| Debtor 1 | Kara Lynn Warrior  | Case number (if known) |  |
|----------|--|------------------------|--|
|          | MM / DD / YYYY   |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | n.                     |  |

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 55 of 61

Debtor 1 Kara Lynn Warrior Case number (if known)

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ultipro (Lucky Star Casino)

Year-to-Date Income:

Starting Year-to-Date Income: \$10,502.00 from check dated 3/31/2019. Ending Year-to-Date Income: \$30,709.00 from check dated 9/30/2019.

Income for six-month period (Ending-Starting): \$20,207.00.

Average Monthly Income: \$3,367.83.

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 56 of 61

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 57 of 61

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 58 of 61

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 59 of 61

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

s.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case: 19-14332 Doc: 1 Filed: 10/23/19 Page: 60 of 61

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Western District of Oklahoma

|             | ****  | stern District of Oktanoma   | •  |                          |              |
|-------------|---|--|--|--------------------------|--------------|
| In re       | Kara Lynn Warrior   | Debtor(s)  | Case No.<br>Chapter  | 7                        |              |
|             |   | Debioi(s)  | Chapter  |                          |              |
|             | DISCLOSURE OF COMPE   | ENSATION OF ATTOR  | NEY FOR DI   | EBTOR(S)                 |              |
| c           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 ompensation paid to me within one year before the filite rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy, o   | or agreed to be paid   | to me, for services rea  | ndered or to |
|             | For legal services, I have agreed to accept   |  | \$   | 1,400.00                 |              |
|             | Prior to the filing of this statement I have received   |  |  | 1,400.00                 |              |
|             | Balance Due   |  | \$   | 0.00                     |              |
| 2. T        | he source of the compensation paid to me was:   |  |  |                          |              |
|             | ■ Debtor □ Other (specify):   |  |  |                          |              |
| 3. T        | he source of compensation to be paid to me is:  |  |  |                          |              |
|             | ■ Debtor □ Other (specify):   |  |  |                          |              |
| 4. <b>I</b> | I have not agreed to share the above-disclosed com  | pensation with any other person u  | nless they are mem   | bers and associates of   | my law firm. |
| [           | I have agreed to share the above-disclosed compensopy of the agreement, together with a list of the na  |  |  |                          | w firm. A    |
| 5. I        | n return for the above-disclosed fee, I have agreed to r  | render legal service for all aspects   | of the bankruptcy  | case, including:         |              |
| b<br>c      | Analysis of the debtor's financial situation, and rend<br>Preparation and filing of any petition, schedules, sta<br>Representation of the debtor at the meeting of credit<br>[Other provisions as needed]<br>Negotiations with secured creditors to red<br>agreements and applications as needed; pof liens on household goods. | atement of affairs and plan which it<br>tors and confirmation hearing, and<br>uce to market value; exemption   | may be required;<br>I any adjourned hea<br>n planning; prepa | urings thereof;          | affirmation  |
| б. В        | y agreement with the debtor(s), the above-disclosed for<br>Representation of the debtors in any dischadversary proceeding.  |  |  | ef from stay actions     | or any other |
|             |   | CERTIFICATION  |  |                          |              |
|             | certify that the foregoing is a complete statement of an<br>nkruptcy proceeding.  | ny agreement or arrangement for p  | payment to me for i  | representation of the de | ebtor(s) in  |
| Oo<br>Do    | etober 23, 2019<br>ete  | /s/ Warren Alarkon Warren Alarkon 224 Signature of Attorney Stevenson-Kim Alar 1415 NW 43rd St Oklahoma City, OK 405 702 7795 Fax: info@skafirm.com Name of law firm | rkon PLLC<br>73118   |                          |              |

## United States Bankruptcy Court Western District of Oklahoma

| In re   | Kara Lynn Warrior                |   | Case No.            |                       |
|---------|----------------------------------|---|---------------------|-----------------------|
|         |                                  | Debtor(s)   | Chapter             | 7                     |
|         | VER                              | IFICATION OF CREDITOR                             | MATRIX              |                       |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and o | correct to the best | of his/her knowledge. |
| Date:   | October 23, 2019                 | /s/ Kara Lynn Warrior                             |                     |                       |
|         |                                  | Kara Lynn Warrior                                 |                     |                       |
|         |                                  | Signature of Debtor                               |                     |                       |